

APPENDICES

TO THE

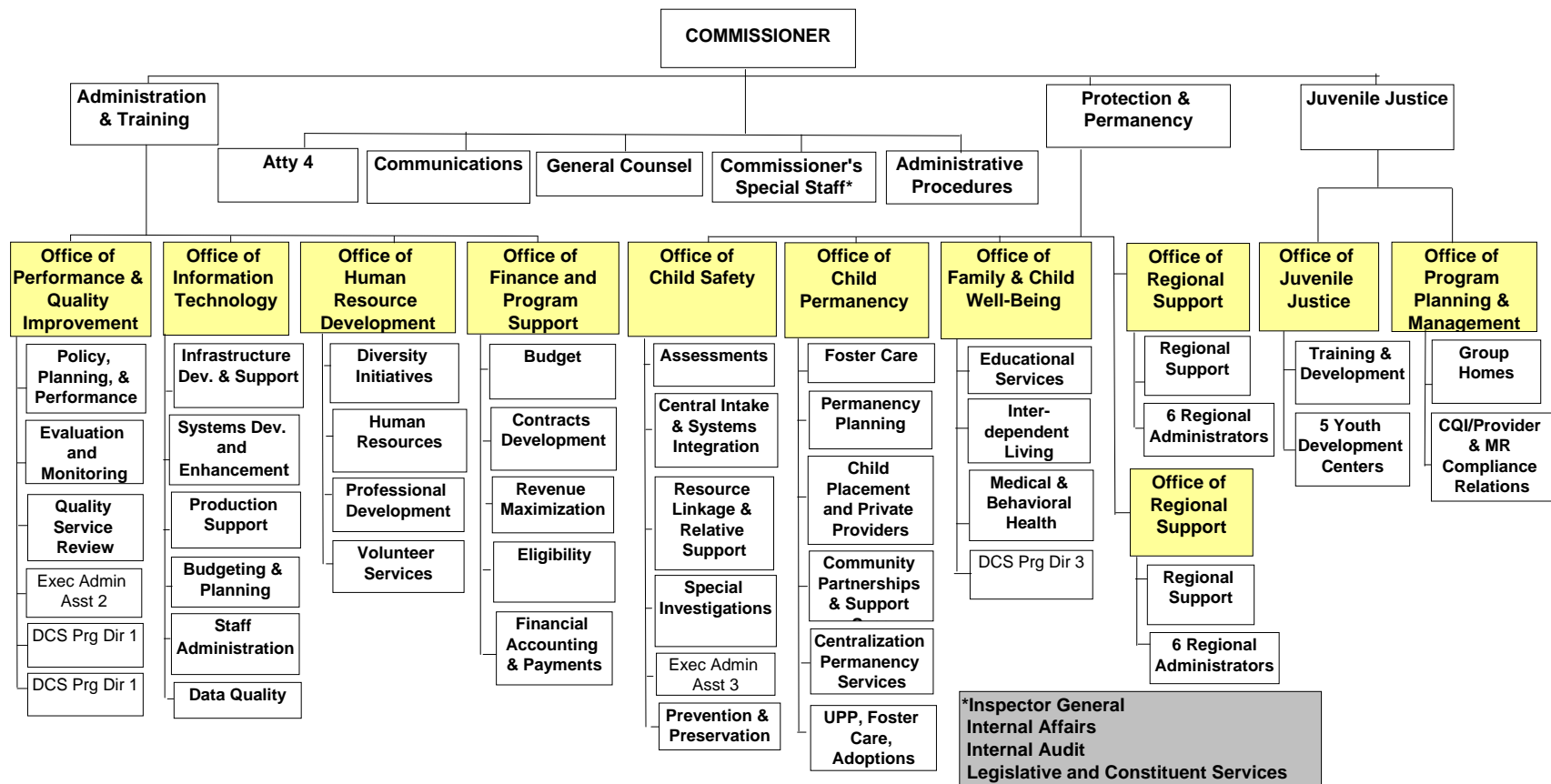
MONITORING REPORT OF

THE TECHNICAL ASSISTANCE

COMMITTEE

APPENDIX A

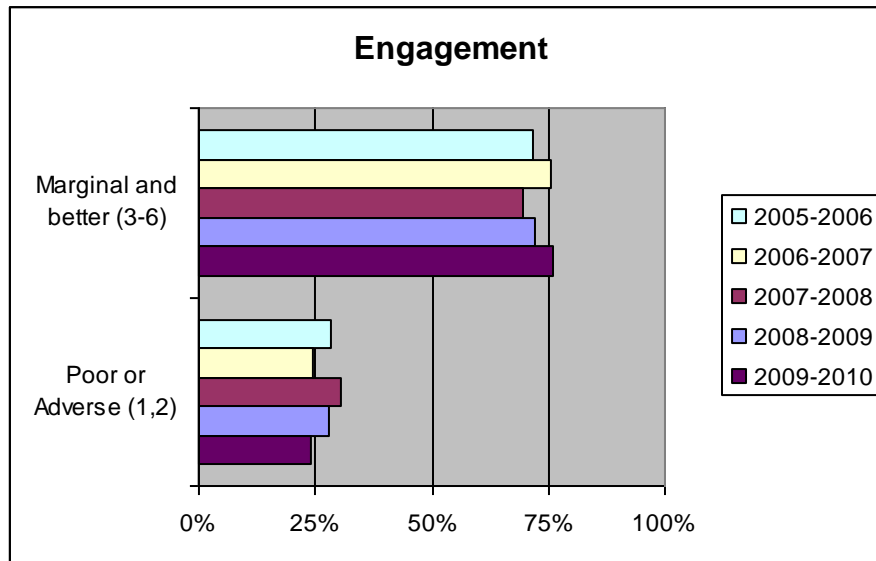
DCS Organizational Chart as of October 2010



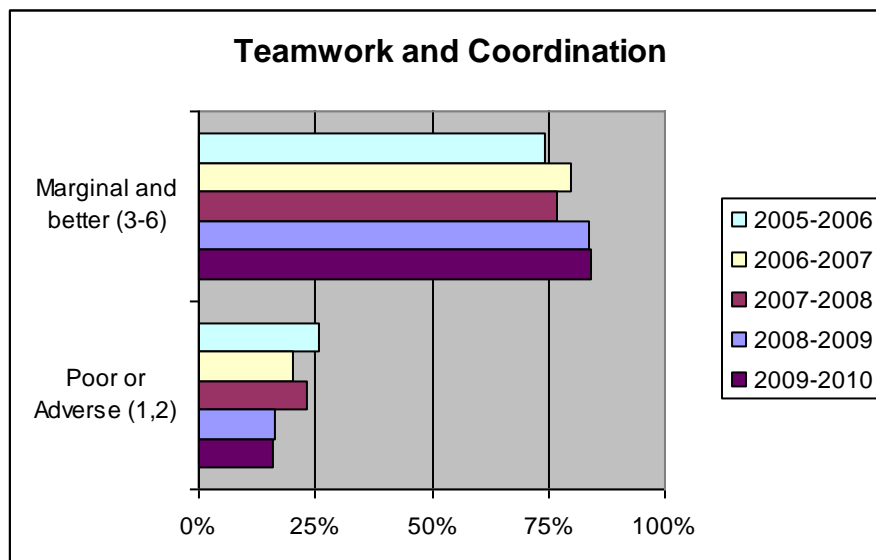
APPENDIX B

Quality Service Review Core System Performance Indicators Scoring “Minimally Unacceptable” and Above

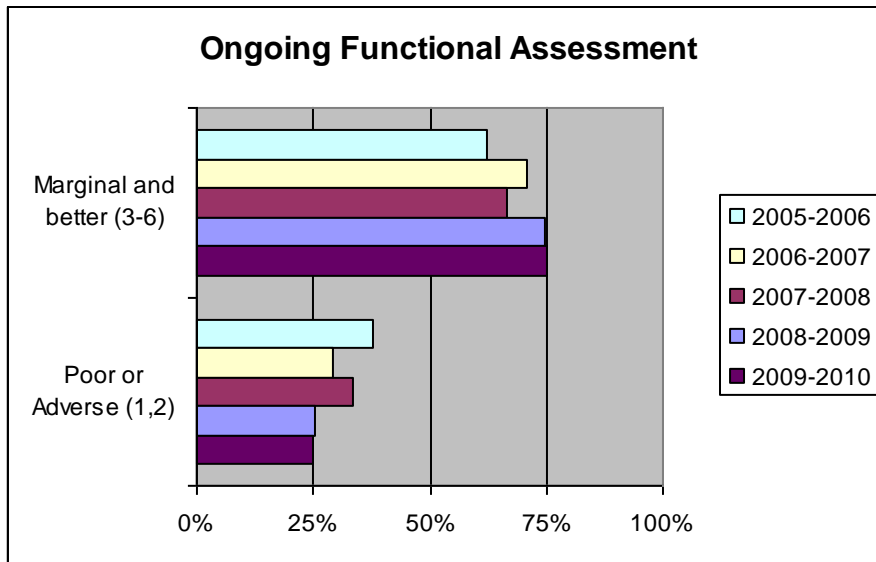
A significant number of those cases which were rated unacceptable in the 2009-2010 Quality Service Review for these core system performance indicators: Engagement, Teamwork and Coordination, Ongoing Functional Assessment and Child and Family Permanency Planning Process were rated “minimally unacceptable” (a rating of “3”). Had performance in these cases been a little bit stronger so that those cases warranted a rating of “4” (“minimally acceptable”) rather than “3”, the Department would have almost doubled its acceptable scores and practice would be acceptable in these four areas in at least 75% of the cases, as illustrated in the figures below.



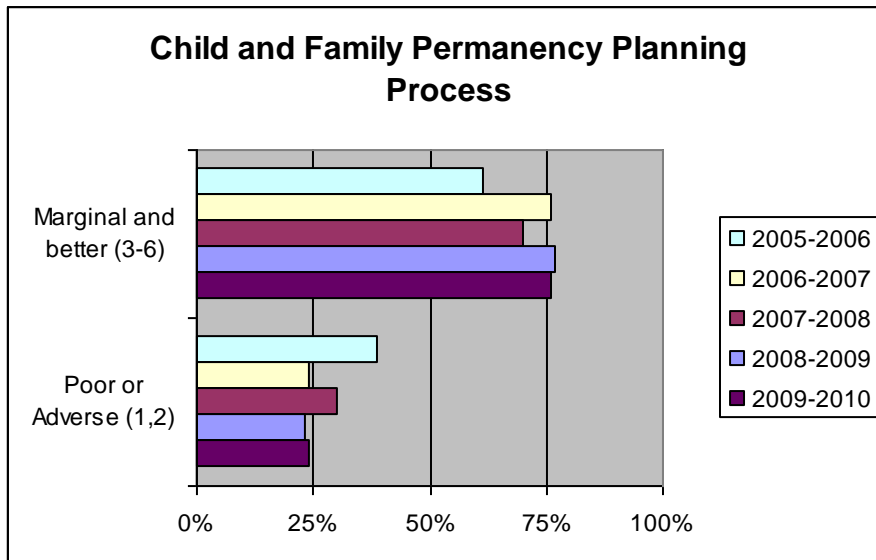
Source: QSR finalized databases.



Source: QSR finalized databases



Source: QSR finalized databases



Source: QSR finalized databases

APPENDIX C

Regional and Statewide Section XVI Outcome and Performance Measure Data for Periods III and IV

This appendix presents the Section XVI outcome and performance measure data for both Reporting Period III (January 1, 2007 through June 30, 2008)¹ and Period IV (July 1, 2008 through December 31, 2009). A separate table is included for each outcome and performance measure. Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the "Period III and IV Requirements," the percentage that reflects the level the Department is expected to achieve for Periods III and IV. The applicable Settlement Agreement provision appears in the title to each table.

XVI.A.1 Reunification or Living with Relatives within 12 Months of Custody						
	Period IV			Period III		
	Children Exiting Care to Reunification or Relative Placement between 1/1/09 and 12/31/09			Children Exiting Care to Reunification or Relative Placement between 7/1/07 and 6/30/08		
Region	Within 12 Months	Within 24 Months	Over 24 Months	Within 12 Months	Within 24 Months	Over 24 Months
Davidson	83%	62%	38%	74%	64%	36%
East	79%	87%	13%	85%	69%	31%
Hamilton	63%	82%	18%	67%	72%	28%
Knox	73%	82%	18%	77%	93%	7%
Mid-Cumberland	75%	84%	16%	81%	72%	28%
Northeast	76%	83%	17%	82%	83%	17%
Northwest	76%	89%	12%	81%	89%	11%
Shelby	86%	68%	32%	77%	55%	45%
Smoky Mountain	78%	77%	23%	80%	82%	19%
South Central	82%	72%	28%	77%	93%	7%
Southeast	80%	78%	22%	78%	83%	18%
Southwest	86%	78%	22%	74%	84%	16%
Upper Cumberland	78%	69%	31%	74%	69%	31%
Statewide	80%	77%	23%	79%	75%	26%
Settlement Agreement Requirement	80%	75%		80%	75%	

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

¹ Although Period III began on December 1, 2005, unless otherwise indicated, the TAC reports Period III performance based on the 18-month period from January 1, 2007 through June 30, 2008 (referred to as Reporting Period III). The TAC reported separately the earlier part of Period III under the designation "Interim Reporting Period III" (January 1, 2006 through December 31, 2006) in the December 2008 Monitoring Report. The TAC did not feel that separate reporting for the first month of Period III (December 2005) was necessary. The exact reporting timeframe for each measure is described in the table headings.

XVI.A.2 Adoptions Finalized within 12 Months of Full Guardianship		
	Period IV	Period III
Region	Full Guardianship Obtained between 7/1/07 and 12/31/08	Full Guardianship Obtained between 1/1/06 and 6/30/07
Davidson	81%	62%
East	81%	82%
Hamilton	63%	77%
Knox	76%	73%
Mid-Cumberland	72%	74%
Northeast	82%	74%
Northwest	59%	71%
Shelby	65%	76%
Smoky Mountain	80%	70%
South Central	68%	81%
Southeast	77%	67%
Southwest	60%	88%
Upper Cumberland	75%	77%
Statewide	74%	74%
Settlement Agreement Requirement	75%	75%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.A.3 Number of Placements				
	Period IV		Period III	
	Children in Custody between 1/1/09 and 12/31/09		Children in Custody between 7/1/07 and 6/30/08	
Region	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody
Davidson	86%	84%	84%	78%
East	91%	87%	87%	81%
Hamilton	85%	81%	88%	79%
Knox	88%	85%	85%	76%
Mid-Cumberland	86%	82%	86%	79%
Northeast	86%	83%	92%	82%
Northwest	89%	88%	87%	78%
Shelby	90%	87%	87%	82%
Smoky Mountain	89%	84%	89%	81%
South Central	86%	82%	90%	82%
Southeast	87%	84%	89%	81%
Southwest	90%	87%	90%	84%
Upper Cumberland	90%	87%	90%	82%
Statewide	88%	84%	88%	80%
Settlement Agreement Requirement	90%	85%	90%	85%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.A.4 Length of Time in Placement						
	Period IV Children in Custody between 7/1/07 and 6/30/08			Period III Children in Custody between 7/1/07 and 6/30/08		
Region	Two Years or Less	Between Two and Three Years	More than Three Years	Two Years or Less	Between Two and Three Years	More than Three Years
Davidson	79%	11%	9%	74%	12%	14%
East	81%	12%	7%	87%	8%	5%
Hamilton	75%	13%	12%	73%	15%	12%
Knox	79%	14%	7%	82%	9%	9%
Mid-Cumberland	82%	9%	9%	80%	12%	8%
Northeast	77%	13%	10%	79%	12%	9%
Northwest	90%	5%	6%	82%	8%	11%
Shelby	84%	8%	9%	72%	11%	17%
Smoky Mountain	76%	13%	11%	79%	11%	10%
South Central	78%	16%	6%	87%	8%	6%
Southeast	85%	8%	7%	84%	6%	11%
Southwest	86%	8%	7%	84%	11%	5%
Upper Cumberland	82%	12%	6%	79%	12%	9%
Statewide	81%	11%	8%	80%	10%	10%
Settlement Agreement Requirement	75%	no more than 20%	no more than 5%	75%	no more than 20%	no more than 5%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.A.5 Reentry within 12 Months of Most Recent Discharge Date		
	Period IV Children Exiting Custody between 1/1/08 and 12/31/08	Period III Children Exiting Custody between 7/1/06 and 6/30/07
Region		
Davidson	9%	9%
East	6%	6%
Hamilton	8%	5%
Knox	7%	4%
Mid-Cumberland	5%	5%
Northeast	7%	5%
Northwest	8%	8%
Shelby	8%	9%
Smoky Mountain	6%	4%
South Central	6%	6%
Southeast	3%	7%
Southwest	8%	4%
Upper Cumberland	5%	10%
Statewide	6%	6%
Settlement Agreement Requirement	no more than 5%	no more than 5%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.A.6 Adoptive Placement Disruption as of June 30, 2008		
Region	Period IV Adoptive Placements Occurring between 1/1/09 and 12/31/09	Period III Adoptive Placements Occurring between 7/1/07 and 6/30/08
Davidson	0%	4%
East	0%	0%
Hamilton	2%	4%
Knox	2%	2%
Mid-Cumberland	3%	5%
Northeast	1%	1%
Northwest	15%	3%
Shelby	2%	1%
Smoky Mountain	1%	0%
South Central	0%	6%
Southeast	2%	2%
Southwest	3%	3%
Upper Cumberland	1%	0%
Statewide	2%	2%
Settlement Agreement Requirement		no more than 5%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.A.7 Achievement Measures (Youth Reaching at Least One Achievement Measure)					
Period IV Youth Exiting Custody between 1/1/09 and 12/31/09					
Region	Achieving at Least One Achievement Measure	GED/High School Diploma	Enrolled in School	Full-time Employment	Receiving Post-Custody Services
Davidson	90%	27%	63%	0%	0%
East	86%	44%	42%	0%	0%
Hamilton	84%	5%	79%	0%	0%
Knox	88%	21%	67%	0%	0%
Mid-Cumberland	80%	14%	66%	0%	0%
Northeast	82%	36%	46%	0%	0%
Northwest	82%	9%	73%	0%	0%
Shelby	81%	14%	68%	0%	0%
Smoky Mountain	89%	37%	51%	0%	0%
South Central	75%	33%	42%	0%	0%
Southeast	96%	15%	82%	0%	0%
Southwest	82%	36%	46%	0%	0%
Upper Cumberland	95%	33%	63%	0%	0%
Statewide	86%	25%	61%	0%	0%
Period IV Requirement	90%				
Period III Youth Exiting Custody between 7/1/07 and 6/30/08					
Davidson	83%	15%	65%	2%	0%
East	88%	43%	43%	3%	0%
Hamilton	95%	5%	90%	0%	0%
Knox	92%	38%	54%	0%	0%
Mid-Cumberland	85%	26%	59%	0%	0%
Northeast	73%	34%	39%	0%	0%
Northwest	83%	39%	44%	0%	0%
Shelby	71%	12%	58%	1%	0%
Smoky Mountain	91%	47%	42%	2%	0%
South Central	84%	23%	58%	3%	0%
Southeast	84%	37%	47%	0%	0%
Southwest	100%	41%	59%	0%	0%
Upper Cumberland	88%	31%	56%	0%	0%
Statewide	84%	28%	55%	1%	0%
Period III Requirement	90%				

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.B.1 Parent-Child Visiting				
	Period IV Children in Out-of-Home Placement with Reunification Goals during June 2008		Period III Children in Out-of-Home Placement with Reunification Goals during June 2008	
Region	Twice per Month	Once Per Month	Twice per Month	Once Per Month
Davidson	43%	45%	25%	24%
East	22%	28%	23%	10%
Hamilton	38%	33%	25%	15%
Knox	30%	32%	33%	18%
Mid-Cumberland	49%	27%	23%	23%
Northeast	38%	32%	29%	18%
Northwest	60%	30%	14%	20%
Shelby	14%	27%	21%	16%
South Central	23%	19%	31%	19%
Southeast	38%	33%	23%	12%
Southwest	32%	28%	26%	18%
Upper Cumberland	41%	39%	14%	16%
Statewide	32%	29%	22%	18%
Settlement Agreement Requirement	50%	60%	50%	60%

Source: TNKids "Parent-Child Visit Compliance Summary Reports" (CEN-PRTCHDVT-200) for December 2009 and June 2008

*The "cumulative" percentage for Period III (40%) indicated in this table varies slightly from that reported in the Key Outcome and Performance Measures at a Glance of the monitoring report (39%) because of differences in the way in which the decimals are rounded to the whole percent.

XVI.B.2 Sibling Visiting				
	Period IV Sibling Groups Entering Custody within 30 Days of Each Other Who Were Separated during November and December 2009		Period III Sibling Groups Entering Custody within 30 Days of Each Other Who Were Separated during May and June 2008	
Region	Once per Month	Once Every Two Months	Once per Month	Once Every Two Months
Davidson	50%	0%	88%	0%
East	41%	24%	38%	34%
Hamilton	57%	67%	19%	23%
Knox	44%	50%	25%	40%
Mid-Cumberland	40%	33%	46%	43%
Northeast	56%	25%	29%	20%
Northwest	57%	67%	50%	0%
Shelby	38%	50%	27%	47%
South Central	38%	60%	11%	75%
Southeast	60%	50%	57%	67%
Southwest	20%	50%	33%	50%
Upper Cumberland	44%	80%	64%	25%
Statewide	43%	45%	37%	39%
Settlement Agreement Requirement	90%	90%	90%	90%

Source: TNKids "Active *Brian A.* Class Sibling Groups Not Placed Together Visitation Summary Reports" (SBL-ASGNPTVS-200) for the periods November-December 2009 and May-June 2008

XVI.B.3 Placing Siblings Together		
	Period IV Sibling Groups Entering Custody within 30 Days of Each Other during Fiscal Year 2008-2009	Period III Sibling Groups Entering Custody within 30 Days of Each Other during 2007
Region		
Davidson	81%	89%
East	86%	80%
Hamilton	72%	81%
Knox	87%	83%
Mid-Cumberland	85%	86%
Northeast	90%	89%
Northwest	95%	64%
Shelby	79%	84%
Smoky Mountain	83%	78%
South Central	80%	92%
Southeast	93%	92%
Southwest	89%	96%
Upper Cumberland	82%	96%
Statewide	84%	85%
Settlement Agreement Requirement	85%	85%

Source: Chapin Hall Regional Outcome Reports dated February 2010 and February 2008

XVI.B.4 Filing a Petition to Terminate Parental Rights				
	Period IV Children with Sole Adoption Goals for at Least Three/Six Months between 1/1/09 and 12/31/09		Period III Children with Sole Adoption Goals for at Least Three/Six Months between 7/1/07 and 6/30/08	
Region	TPR Activity within 3 Months	TPR Activity within 6 Months	TPR Activity within 3 Months	TPR Activity within 6 Months
Davidson	86%	100%	80%	33%
East	97%	25%	93%	22%
Hamilton	90%	0%	94%	0%
Knox	97%	0%	98%	0%
Mid-Cumberland	95%	100%	80%	50%
Northeast	88%	33%	84%	50%
Northwest	100%	0%	100%	0%
Shelby	88%	0%	58%	22%
South Central	83%	0%	100%	0%
Southeast	81%	0%	94%	0%
Southwest	52%	63%	100%	0%
Upper Cumberland	61%	13%	94%	33%
Statewide	87%	32%	85%	32%
Settlement Agreement Requirement	65%	75%	65%	75%

Source: TNKids "Permanency Plan Goal of Adoption TPR Activity Compliance Reports" (ADP-PPGATNCS-200) for the periods January 1, 2009 to December 31, 2009 and July 1, 2007 to June 30, 2008

XVI.B.5 Timeliness of Placement in Adoptive Home (Intent to Adopt Signed within 6 Months of Full Guardianship)		
Region	Period IV Children Obtaining DCS Full Guardianship between 1/1/09 and 6/30/09	Period III Children Obtaining DCS Full Guardianship between 7/1/07 and 12/31/07
Davidson	68%	70%
East	66%	82%
Hamilton	59%	56%
Knox	64%	64%
Mid-Cumberland	71%	60%
Northeast	64%	62%
Northwest	67%	58%
Shelby	46%	53%
Smoky Mountain	72%	68%
South Central	72%	54%
Southeast	66%	36%
Southwest	67%	55%
Upper Cumberland	71%	76%
Statewide	66%	63%
Settlement Agreement Requirement		65%

Source: Period IV Outcome Report (March 2010) and Period III Outcome Report (August 2008)

XVI.B.6 PPLA Goals		
Region	Period IV Children in Custody on December 31, 2009	Period III Children in Custody on June 30, 2008
Davidson	0.6%	0.7%
East	0.2%	0.0%
Hamilton	0.5%	0.0%
Knox	0.4%	0.7%
Mid-Cumberland	0.2%	0.1%
Northeast	0.2%	0.7%
Northwest	0.0%	2.9%
Shelby	0.1%	0.3%
Smoky Mountain	0.2%	0.3%
South Central	0.2%	0.5%
Southeast	0.3%	0.7%
Southwest	0.0%	1.7%
Upper Cumberland	0.0%	0.0%
Statewide	0.2%	0.4%
Settlement Agreement Requirement	no more than 5%	no more than 5%

Source: *Brian A. Class Lists* for December 31, 2009 and June 30, 2008

XVI.B.7 Placements within 75 Miles		
Region	Period IV Children in Custody during December 2009	Period III Children in Custody during June 2008
Davidson	87%	87%
East	88%	90%
Hamilton	85%	88%
Knox	84%	86%
Mid-Cumberland	93%	91%
Northeast	90%	92%
Northwest	88%	81%
Shelby	92%	91%
Smoky Mountain	89%	91%
South Central	93%	91%
Southeast	93%	93%
Southwest	91%	95%
Upper Cumberland	88%	90%
Statewide	89%	90%
Settlement Agreement Requirement	85%	85%

Source: *75-Mile Placement Reports* for December 2009 and June 2008

APPENDIX D

Sources of Information

This appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TNKids, the Department's present SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and system management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined for most measures by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).¹ The focus on "first placements" is also a recognition that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody.²

2. Quality Service Review (QSR)

The Tennessee Quality Service Review is the annual case file review of a statistically significant number of cases envisioned by the Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, resource parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 11 indicators of child and family status and 11 indicators of system performance.³

¹ Although many of the measures use first placement entry cohorts, some use entry cohorts including all entries (both first placements as well as reentries), and some use discharge cohorts. In addition, some measures exclude custody episodes lasting fewer than five days. The specific parameters used for each measure are noted in the text.

² Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TNKids enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

³ The 11 child and family status indicators are Safety, Stability, Appropriate Placement, Health and Physical Well-Being, Emotional and Behavioral Well-Being, Learning and Development, Caregiver Functioning, Prospects for Permanence, Family Functioning and Resourcefulness, Family Connections, and Satisfaction. The 11 indicators of system performance are Engagement, Teamwork and Coordination, Ongoing Functional Assessment, Long-Term View, Child and Family Permanency Planning Process, Permanency Plan/Service Implementation, Tracking and Adjustment, Resource Availability and Use, Informal Support and Community Involvement, Resource Family Supports/Support for Congregate Care Providers, and Transitioning for the Child and Family.

3. DCS Office of Information Systems “Brian A. Reports”

These are a series of reports generated from TNKids by the DCS Division of Analysis and Reporting on a set of outcomes, using a set of measures specifically used by the Department to report on progress in meeting specific reporting requirements of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in Key Outcome and Performance Measures at a Glance, Section One, and Appendix C.⁴

⁴ Unlike the aggregate data reports produced by Chapin Hall that generally use entry cohorts including out-of-home placements only, the majority of these reports include all children in custody, regardless of when they entered custody or where they are placed. The specific parameters used for each measure are noted in the text.

APPENDIX E

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The “viewpoints” are: “point in time” data; “entry cohort” data; and “exit cohort” data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a “point in time” viewpoint. For example, we would use point in time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point in time data also tells us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same “point in time”) provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been decreasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at “point in time data.” For example, were fewer children committed to DCS custody in 2009 than in past years? Or is the decrease the result of children staying in the system for shorter time periods (more children getting released from custody during 2009) than in previous years? For this answer we need to look at “cohort data.”

The question whether fewer children entered custody in 2009 than entered in 2008 is answered by comparing the total number of children who entered custody in 2009 (the 2009 “entry cohort”) with the number of children who entered custody in 2008 (the 2008 “entry cohort”).

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2009 than with the children who entered in 2008? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year to year improvement in these and other important areas of system performance.

There are certain questions for which “exit cohort” data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2008 (the

2008 “exit cohort”) with the reentry rates of those children who exited care in 2007 (the 2007 “exit cohort”) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.

APPENDIX F

Race and Ethnicity Data

This appendix presents race breakouts of those key outcome measures and performance indicators for which race data are currently available. Race data are currently available for the measures listed below.

- From the Settlement Agreement Outcome and Performance Measures for Reporting Period IV (July 1, 2008 through December 31, 2009):
 - Reunification within 12 months (XVI.A.1),
 - Adoption finalization within 12 months of full guardianship (XVI.A.2),
 - Number of placements within the previous 12 months (XVI.A.3),
 - Length of time in placement (XVI.A.4),
 - Reentry into placement (XVI.A.5),
 - Adoptive placement disruption (XVI.A.6),
 - Achievement measures upon discharge (XVI.A.7),
 - Timeliness of placement in an adoptive home (XVI.B.5),
 - Planned Permanent Living Arrangement (PPLA) goals (XVI.B.6), and
 - Placements within 75 miles (XVI.B.7);
- From the Regional Outcome reports produced by Chapin Hall:
 - Reduce the rate of children entering out-of-home care (Purpose No. 1),
 - Increase the proportion of children initially placed in home county (Purpose No. 2),
 - Increase the proportion of children initially placed in a family setting (Purpose No. 3),
 - Increase placement stability (Purpose No. 7), and
 - Increase the number and rate of siblings placed together initially (Purpose No. 8).

Appendix J includes data related to psychotropic medication by race.

Settlement Agreement Section XVI Outcome and Performance Measures

In the following tables, “Other” includes American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, Undetermined, Unknown, and Missing.

XVI.A.1 Reunification												
Children Exiting Care Between 1/1/09 and 12/31/09												
Number and Percent Who Were Reunified with Parents or Exited to Relatives within 12 Months of Entry												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	318	265	83.3%	115	104	90.4%	164	126	76.8%	39	35	89.7%
East	316	248	78.5%	286	222	77.6%	8	7	87.5%	22	19	86.4%
Hamilton	89	56	62.9%	41	25	61.0%	39	28	71.8%	9	3	33.3%
Knox	163	119	73.0%	121	88	72.7%	32	23	71.9%	10	8	80.0%
Mid-Cumberland	355	267	75.2%	248	182	73.4%	65	59	90.8%	42	26	61.9%
Northeast	216	164	75.9%	192	147	76.6%	5	4	80.0%	19	13	68.4%
Northwest	106	80	75.5%	71	58	81.7%	25	13	52.0%	10	9	90.0%
Shelby	661	568	85.9%	94	82	87.2%	534	458	85.8%	33	28	84.8%
Smoky Mountain	334	258	77.2%	292	228	78.1%	14	8	57.1%	28	22	78.6%
South Central	261	214	82.0%	206	166	80.6%	31	29	93.5%	24	19	79.2%
Southeast	162	130	80.2%	143	112	78.3%	9	8	88.9%	10	10	100.0%
Southwest	124	106	85.5%	82	74	90.2%	37	27	73.0%	5	5	100.0%
Upper Cumberland	180	141	78.3%	154	122	79.2%	4	2	50.0%	22	17	77.3%
Statewide	3285	2616	79.6%	2045	1610	78.7%	967	792	81.9%	273	214	78.4%
Outcome Goal			80.0%			80.0%			80.0%			80.0%

XVI.A.2 Adoption Finalization												
Full Guardianship Obtained between 7/1/07 and 12/31/08												
Number and Percent of Adoption Finalizations within 12 Months of Full Guardianship												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	141	114	80.9%	54	47	87.0%	75	59	78.7%	12	8	66.7%
East	136	109	80.1%	130	104	80.0%	0	0	#DIV/0!	6	5	83.3%
Hamilton	58	36	62.1%	31	17	54.8%	24	16	66.7%	3	3	100.0%
Knox	227	171	75.3%	142	116	81.7%	63	41	65.1%	22	14	63.6%
Mid-Cumberland	242	175	72.3%	178	123	69.1%	47	38	80.9%	17	14	82.4%
Northeast	191	156	81.7%	166	134	80.7%	15	13	86.7%	10	9	90.0%
Northwest	32	19	59.4%	22	12	54.5%	6	4	66.7%	4	3	75.0%
Shelby	229	146	63.8%	34	28	82.4%	184	107	58.2%	11	11	100.0%
Smoky Mountain	171	136	79.5%	154	123	79.9%	5	2	40.0%	12	11	91.7%
South Central	86	57	66.3%	57	43	75.4%	17	6	35.3%	12	8	66.7%
Southeast	54	43	79.6%	49	38	77.6%	2	2	100.0%	3	3	100.0%
Southwest	67	40	59.7%	27	14	51.9%	38	24	63.2%	2	2	100.0%
Upper Cumberland	154	116	75.3%	145	108	74.5%	3	3	100.0%	6	5	83.3%
Statewide	1788	1318	73.7%	1189	907	76.3%	479	315	65.8%	120	96	80.0%
Outcome Goal			75.0%			75.0%			75.0%			75.0%

XVI.A.3 Number of Placements												
Children in Custody between 1/1/09 and 12/31/09												
Number and Percent of Children Experiencing Two or Fewer Placements between 1/1/09 and 12/31/09												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	745	641	86.0%	256	215	84.0%	417	369	88.5%	72	57	79.2%
East	949	864	91.0%	864	781	90.4%	20	19	95.0%	65	64	98.5%
Hamilton	380	323	85.0%	169	139	82.2%	189	162	85.7%	22	22	100.0%
Knox	830	734	88.4%	546	481	88.1%	208	179	86.1%	76	74	97.4%
Mid-Cumberland	1122	967	86.2%	802	695	86.7%	206	179	86.9%	114	93	81.6%
Northeast	789	681	86.3%	676	590	87.3%	46	37	80.4%	67	54	80.6%
Northwest	294	262	89.1%	202	180	89.1%	70	63	90.0%	22	19	86.4%
Shelby	1539	1380	89.7%	173	155	89.6%	1306	1172	89.7%	60	53	88.3%
Smoky Mountain	1073	950	88.5%	945	832	88.0%	40	37	92.5%	88	81	92.0%
South Central	778	666	85.6%	656	569	86.7%	66	49	74.2%	56	48	85.7%
Southeast	559	487	87.1%	485	425	87.6%	39	32	82.1%	35	30	85.7%
Southwest	371	332	89.5%	207	186	89.9%	156	138	88.5%	8	8	100.0%
Upper Cumberland	718	644	89.7%	657	587	89.3%	18	16	88.9%	43	41	95.3%
Statewide	10147	8931	88.0%	6638	5835	87.9%	2781	2452	88.2%	728	644	88.5%
Outcome Goal			90.0%			90.0%			90%			90.0%

XVI.A.4 Length of Time in Placement												
Children in Custody between 1/1/09 and 12/31/09												
Number and Percent of Children Who Had Been in Custody for Two Years or Less												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	745	589	79.1%	276	217	78.6%	390	305	78.2%	79	67	84.8%
East	949	762	80.3%	876	694	79.2%	16	14	87.5%	57	54	94.7%
Hamilton	380	276	72.6%	183	140	76.5%	172	116	67.4%	25	20	80.0%
Knox	830	649	78.2%	560	461	82.3%	198	134	67.7%	72	54	75.0%
Mid-Cumberland	1122	918	81.8%	787	641	81.4%	217	178	82.0%	118	99	83.9%
Northeast	789	604	76.6%	669	523	78.2%	48	27	56.3%	72	54	75.0%
Northwest	294	259	88.1%	203	177	87.2%	59	52	88.1%	32	30	93.8%
Shelby	1539	1269	82.5%	192	164	85.4%	1287	1055	82.0%	60	50	83.3%
Smoky Mountain	1073	813	75.8%	951	718	75.5%	31	23	74.2%	91	72	79.1%
South Central	778	601	77.2%	629	493	78.4%	81	59	72.8%	68	49	72.1%
Southeast	559	476	85.2%	492	419	85.2%	32	24	75.0%	35	33	94.3%
Southwest	371	313	84.4%	200	176	88.0%	154	120	77.9%	17	17	100.0%
Upper Cumberland	718	586	81.6%	648	520	80.2%	17	15	88.2%	53	51	96.2%
Statewide	10147	8115	80.0%	6666	5343	80.2%	2702	2122	78.5%	779	650	83.4%
Outcome Goal			75.0%			75.0%			75.0%			75.0%

XVI.A.5 Reentry into Placement Children Exiting Custody between 1/1/08 and 12/31/08 Number and Percent of Children Who Re-Entered Custody within 12 Months of Discharge												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	519	44	8.5%	180	17	9.4%	300	25	8.3%	39	2	5.1%
East	575	35	6.1%	496	26	5.2%	24	2	8.3%	55	7	12.7%
Hamilton	139	11	7.9%	60	8	13.3%	73	3	4.1%	6	0	0.0%
Knox	424	28	6.6%	283	22	7.8%	101	3	3.0%	40	3	7.5%
Mid-Cumberland	793	39	4.9%	582	33	5.7%	135	3	2.2%	76	3	3.9%
Northeast	452	32	7.1%	403	27	6.7%	19	0	0.0%	30	5	16.7%
Northwest	163	13	8.0%	116	8	6.9%	41	5	12.2%	6	0	0.0%
Shelby	628	49	7.8%	69	4	5.8%	532	43	8.1%	27	2	7.4%
Smoky Mountain	600	34	5.7%	522	33	6.3%	28	0	0.0%	50	1	2.0%
South Central	281	18	6.4%	235	18	7.7%	24	0	0.0%	22	0	0.0%
Southeast	271	8	3.0%	231	7	3.0%	27	1	3.7%	13	0	0.0%
Southwest	168	14	8.3%	93	9	9.7%	68	5	7.4%	7	0	0.0%
Upper Cumberland	313	14	4.5%	287	14	4.9%	12	0	0.0%	14	0	0.0%
Statewide	5326	339	6.4%	3557	226	6.4%	1384	90	6.5%	385	23	6.0%
Outcome Goal	<= 8%			<= 8%			<= 8%			<= 8%		

XVI.A.6 Adoptive Placement Disruption Adoptive Placements Occurring between 1/1/09 and 12/31/09 Number and Percent of Adoptive Placements that Disrupted as of 12/31/09												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	96	1	1.0%	43	0	0.0%	41	0	0.0%	12	1	8.3%
East	190	1	0.5%	186	1	0.5%	2	0	0.0%	2	0	0.0%
Hamilton	43	1	2.3%	21	1	4.8%	21	0	0.0%	1	0	0.0%
Knox	175	3	1.7%	120	2	1.7%	35	1	2.9%	20	0	0.0%
Mid-Cumberland	162	6	3.7%	120	6	5.0%	29	0	0.0%	13	0	0.0%
Northeast	139	1	0.7%	108	0	0.0%	13	0	0.0%	18	1	5.6%
Northwest	23	5	21.7%	14	4	28.6%	6	1	16.7%	3	0	0.0%
Shelby	148	4	2.7%	16	0	0.0%	124	4	3.2%	8	0	0.0%
Smoky Mountain	171	3	1.8%	152	2	1.3%	2	0	0.0%	17	1	5.9%
South Central	105	0	0.0%	88	0	0.0%	13	0	0.0%	4	0	0.0%
Southeast	79	1	1.3%	71	1	1.4%	1	0	0.0%	7	0	0.0%
Southwest	34	2	5.9%	13	2	15.4%	21	0	0.0%	0	0	N/A
Upper Cumberland	139	1	0.7%	132	1	0.8%	1	0	0.0%	6	0	0.0%
Statewide	1504	29	1.9%	1084	20	1.8%	309	6	1.9%	111	3	2.7%
Outcome Goal	<= 5%			<= 5%			<= 5%			<= 5%		

XVI.A.7 Achievement Measures upon Discharge Youth Exiting Custody between 1/1/09 and 12/31/09 Number and Percent of Youth Reaching at Least One Achievement Measure												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	41	37	90.2%	13	12	92.3%	27	24	88.9%	1	1	100.0%
East	36	31	86.1%	33	30	90.9%	1	0	0.0%	2	1	50.0%
Hamilton	19	16	84.2%	11	8	72.7%	8	8	100.0%	0	0	N/A
Knox	33	29	87.9%	21	17	81.0%	12	12	100.0%	0	0	N/A
Mid-Cumberland	50	40	80.0%	37	29	78.4%	10	9	90.0%	3	2	66.7%
Northeast	39	32	82.1%	32	26	81.3%	4	3	75.0%	3	3	100.0%
Northwest	11	9	81.8%	10	8	80.0%	1	1	100.0%	0	0	N/A
Shelby	60	50	83.3%	6	6	100.0%	53	43	81.1%	1	1	100.0%
Smoky Mountain	35	31	88.6%	30	27	90.0%	2	2	100.0%	3	2	66.7%
South Central	24	18	75.0%	17	13	76.5%	5	4	80.0%	2	1	50.0%
Southeast	27	26	96.3%	25	24	96.0%	2	2	100.0%	0	0	N/A
Southwest	11	9	81.8%	8	7	87.5%	3	2	66.7%	0	0	N/A
Upper Cumberland	40	38	95.0%	38	36	94.7%	1	1	100.0%	1	1	100.0%
Statewide	426	366	85.9%	281	243	86.5%	129	111	86.0%	16	12	75.0%
Outcome Goal			90.0%			90.0%			90.0%			90.0%

XVI.B.3 Placing Siblings Together Percent of Sibling Groups Placed Together Initially Sibling Groups Entering Out-of-Home Placement Together for the First Time during Fiscal Year 2008-2009			
Region	Total Population	White	Black / African American
Davidson	81%	82%	90%
East	86%	86%	100%
Hamilton	72%	55%	100%
Knox	87%	89%	78%
Mid-Cumberland	85%	90%	82%
Northeast	90%	90%	0%
Northwest	95%	93%	100%
Shelby	79%	89%	79%
Smoky Mountain	83%	85%	100%
South Central	80%	81%	0%
Southeast	93%	97%	*
Southwest	89%	92%	78%
Upper Cumberland	82%	82%	100%
Statewide	84%	87%	79%
Outcome Goal	85%	85%	85%

*In Southeast, no Black/African American siblings groups entered out-of-home placement together for the first time during fiscal year 2008-2009.

XVI.B.5 Placement in an Adoptive Home												
Children Obtaining Full Guardianship between 1/1/09 and 6/30/09												
Number and Percent of Children with Intent to Adopt Signed Within 6 Months of Full Guardianship												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	28	19	67.9%	13	9	69.2%	14	9	64.3%	1	1	100.0%
East	94	60	63.8%	92	58	63.0%	2	2	N/A	0	0	N/A
Hamilton	16	10	62.5%	5	3	60.0%	9	7	77.8%	2	0	0.0%
Knox	59	36	61.0%	33	21	63.6%	22	11	50.0%	4	4	100.0%
Mid-Cumberland	83	59	71.1%	56	39	69.6%	20	15	75.0%	7	5	71.4%
Northeast	50	32	64.0%	45	28	62.2%	2	2	100.0%	3	2	66.7%
Northwest	6	4	66.7%	5	3	60.0%	1	1	100.0%	0	0	N/A
Shelby	54	25	46.3%	5	3	60.0%	47	21	44.7%	2	1	50.0%
Smoky Mountain	99	73	73.7%	88	67	76.1%	2	1	N/A	9	5	55.6%
South Central	40	32	80.0%	35	28	80.0%	4	3	75.0%	1	1	100.0%
Southeast	29	19	65.5%	23	15	65.2%	2	1	50.0%	4	3	75.0%
Southwest	8	3	37.5%	5	2	40.0%	3	1	33.3%	0	0	N/A
Upper Cumberland	49	31	63.3%	44	27	61.4%	1		0.0%	4	4	N/A
Statewide	615	403	65.5%	449	303	67.5%	129	74	57.4%	37	26	70.3%
Outcome Goal			65.0%			65.0%			65.0%			65.0%

XVI.B.6 Goal of Planned Permanent Living Arrangement													
Children in Custody on December 31, 2009													
Number and Percent of Children with a Sole PPLA Goal													
Region	Total Population				White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	
Davidson	315	2	0.6%	119	0	0.0%	164	2	1.2%	32	0	0.0%	
East	460	1	0.2%	421	1	0.2%	4	0	0.0%	35	0	0.0%	
Hamilton	220	1	0.5%	109	1	0.9%	95	0	0.0%	16	0	0.0%	
Knox	501	2	0.4%	337	2	0.6%	123	0	0.0%	41	0	0.0%	
Mid-Cumberland	566	1	0.2%	393	0	0.0%	112	1	0.9%	61	0	0.0%	
Northeast	427	1	0.2%	362	1	0.3%	26	0	0.0%	39	0	0.0%	
Northwest	166	0	0.0%	110	0	0.0%	36	0	0.0%	20	0	0.0%	
Shelby	713	1	0.1%	84	0	0.0%	608	1	0.2%	21	0	0.0%	
Smoky Mountain	563	1	0.2%	510	1	0.2%	10	0	0.0%	43	0	0.0%	
South Central	410	1	0.2%	336	0	0.0%	35	1	2.9%	39	0	0.0%	
Southeast	328	1	0.3%	286	1	0.3%	21	0	0.0%	21	0	0.0%	
Southwest	210	0	0.0%	101	0	0.0%	97	0	0.0%	12	0	0.0%	
Upper Cumberland	402	0	0.0%	368	0	0.0%	12	0	0.0%	22	0	0.0%	
Statewide	5281	12	0.2%	3536	7	0.2%	1343	5	0.4%	402	0	0.0%	
Outcome Goal			<= 5%			<= 5%			<= 5%			<= 5%	

XVI.B.7 In-Region Placements												
Children in Custody during December 2009												
Number and Percent of Children Placed within 75 Miles of Removal Address												
Region	Total Population			White			Black / African American			Other		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Davidson	337	292	86.6%	122	98	80.3%	182	164	90.1%	33	30	90.9%
East	487	428	87.9%	447	395	88.4%	4	2	50.0%	36	31	86.1%
Hamilton	226	193	85.4%	112	101	90.2%	98	79	80.6%	16	13	81.3%
Knox	532	448	84.2%	354	302	85.3%	133	107	80.5%	45	39	86.7%
Mid-Cumberland	597	553	92.6%	420	389	92.6%	115	111	96.5%	62	53	85.5%
Northeast	451	406	90.0%	380	347	91.3%	28	21	75.0%	43	38	88.4%
Northwest	177	154	87.0%	120	102	85.0%	36	33	91.7%	21	19	90.5%
Shelby	740	677	91.5%	87	79	90.8%	630	579	91.9%	23	19	82.6%
Smoky Mountain	585	518	88.5%	530	466	87.9%	10	10	100.0%	45	42	93.3%
South Central	448	415	92.6%	362	340	93.9%	44	36	81.8%	42	39	92.9%
Southeast	349	323	92.6%	303	280	92.4%	22	20	90.9%	24	23	95.8%
Southwest	221	202	91.4%	106	92	86.8%	100	95	95.0%	15	15	100.0%
Upper Cumberland	425	373	87.8%	388	339	87.4%	12	11	91.7%	25	23	92.0%
Statewide	5575	4982	89.4%	3731	3330	89.3%	1414	1268	89.7%	430	384	89.3%
Outcome Goal			85.0%			85.0%			85.0%			85.0%

Regional Outcomes

In the following tables, "Total Population" includes all children regardless of race or ethnic designation (or absence of such designation in TNKids).

Rate (per 1,000) of Children Entering Out-of-Home Placement				
Children Entering Out-of-Home Placement for the First Time during Fiscal Year 2008-2009				
Region	Total Population	White	Black / African American	Hispanic
Davidson	2	1.2	2.7	3
East	5.1	4.9	2.1	6.3
Hamilton	1.2	1	1.9	1.3
Knox	2.9	2.5	4.5	3.1
Mid-Cumberland	1.6	1.2	2.8	3.2
Northeast	2.6	2.5	3.4	2.2
Northwest	1.9	1.8	2.1	2.9
Shelby	2.3	0.7	3.3	1.2
Smoky Mountain	4.1	4	5.2	3.1
South Central	2.7	2.7	2	3.1
Southeast	3.3	2.9	4.1	5.7
Southwest	1.8	1.8	1.8	1.1
Upper Cumberland	3.3	3.1	3.5	5.1
Statewide	2.5	2.2	2.9	2.9

Percent of Children Placed In-County or with Relatives/Kin Children Entering Out-of-Home Placement for the First Time during Fiscal Year 2008-2009			
Region	Total Population	White	Black / African American
Davidson	80%	81%	80%
East	46%	47%	25%
Hamilton	96%	94%	97%
Knox	74%	74%	73%
Mid-Cumberland	66%	62%	82%
Northeast	62%	63%	45%
Northwest	53%	55%	35%
Shelby	93%	98%	93%
Smoky Mountain	45%	47%	14%
South Central	38%	38%	43%
Southeast	59%	58%	92%
Southwest	57%	53%	67%
Upper Cumberland	45%	45%	40%
Statewide	64%	57%	83%

Percentage of Children Initially Placed in a Family Setting Children Entering Out-of-Home Placement for the First Time during Fiscal Year 2008-2009			
Region	Total Population	White	Black / African American
Davidson	92%	90%	91%
East	91%	91%	50%
Hamilton	89%	91%	78%
Knox	90%	90%	84%
Mid-Cumberland	96%	96%	95%
Northeast	91%	91%	91%
Northwest	92%	91%	94%
Shelby	91%	87%	91%
Smoky Mountain	95%	95%	100%
South Central	93%	94%	93%
Southeast	94%	94%	100%
Southwest	92%	91%	96%
Upper Cumberland	89%	89%	80%
Statewide	93%	93%	92%

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window			
Children <u>in Out-of-Home Placement</u> on July 1, 2007			
Region	Total Population	White	Black / African American
Davidson	84%	84%	83%
East	82%	82%	82%
Hamilton	80%	79%	80%
Knox	81%	81%	81%
Mid-Cumberland	80%	78%	84%
Northeast	92%	93%	92%
Northwest	86%	86%	83%
Shelby	84%	83%	84%
Smoky Mountain	82%	81%	95%
South Central	80%	81%	68%
Southeast	86%	86%	75%
Southwest	84%	86%	82%
Upper Cumberland	85%	84%	89%
Statewide	83%	83%	83%

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window			
Children <u>Entering Out-of-Home Placement</u> during Fiscal Year 2007-2008			
Region	Total Population	White	Black / African American
Davidson	79%	79%	74%
East	85%	84%	83%
Hamilton	78%	86%	67%
Knox	82%	85%	70%
Mid-Cumberland	80%	78%	80%
Northeast	84%	86%	42%
Northwest	83%	83%	86%
Shelby	87%	98%	85%
Smoky Mountain	79%	78%	86%
South Central	77%	74%	100%
Southeast	83%	82%	81%
Southwest	89%	87%	89%
Upper Cumberland	84%	84%	83%
Statewide	82%	82%	81%

APPENDIX G

Supplemental Information on Placement Stability for the 2007 and 2008 Entry Cohorts

This appendix presents additional information supplementing the data discussion on pages 44-50 of this monitoring report regarding placement stability for children in the 2007 and 2008 entry cohorts.

A. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. The table below breaks down the data presented in Figure 16 on page 46 of this monitoring report by whether or not the children had exited care as of December 31, 2009.

Movements as of December 31, 2009 for Children First Entering Care in 2008			
First Entrants	Total	Exited Care	Still in Care
Total	3,735	2,871	864
Children w/ no moves to date	1,776	1,567	209
Children w/ one move to date	986	731	255
Children w/ more than one move to date	973	573	400
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	77%	23%
Children w/ no moves to date	100%	88%	12%
Children w/ one move to date	100%	74%	26%
Children w/ more than one move to date	100%	59%	41%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	48%	55%	24%
Children w/ one move to date	26%	25%	30%
Children w/ more than one move to date	26%	20%	46%

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.

The table shows that of the 3,735 children who entered out-of-home placement for the first time in 2008, 77% had exited placement and 23% still remain in out-of-home placement as of December 31, 2009. The vast majority (88%) of the 1,776 children who did not experience a placement move had exited care as of December 31, 2009. Of the 973 children who experienced more than one move, 59% exited care as of December 31, 2009, and 41% of those children still remained in care as of that date.

Of the 864 children in the 2008 entry cohort who were still in care as of December 31, 2009, 24% have not experienced a placement move while in care; 30% have experienced one placement move; and 46% have experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

This trend becomes more pronounced over time, as seen in the table below. The table below presents these same data regarding placement moves by exit status as of December 31, 2009 for the 2007 entry cohort (children entering out-of-home care for the first time in 2007), allowing observation of trends for a maximum of 36 months (compared to a maximum window of 24 months for the table above). As of December 31, 2009, 96% of the 1,107 children who did not experience a placement move had exited placement while only 80% of the 1,150 children who experienced more than one move had exited placement. Of the 392 children in the 2007 entry cohort who were still in care as of December 31, 2009, 21% have not experienced a placement move while in care; 20% have experienced one placement move; and 59% have experienced two or more placement moves.

Movements as of December 31, 2009 for Children First Entering Care in 2007			
First Entrants	Total	Exited Care	Still in Care
Total	4,480	4,088	392
Children w/ no moves to date	2,223	2,142	81
Children w/ one move to date	1,107	1,027	80
Children w/ more than one move to date	1,150	919	231
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	91%	9%
Children w/ no moves to date	100%	96%	4%
Children w/ one move to date	100%	93%	7%
Children w/ more than one move to date	100%	80%	20%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	50%	52%	21%
Children w/ one move to date	25%	25%	20%
Children w/ more than one move to date	26%	22%	59%

Source: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.

B. Placement Moves by Time in Care

The table below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2008 ("Total Children"), the number of children entering out-of-home placement in 2008 who have not experienced a placement move as of December 31, 2009 ("Stayers"), and the number of children entering out-of-home placement in 2006 who have experienced at least one placement move as of December 31, 2009 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of December 31, 2009. For example, 3,685 children experienced six or fewer months in out-of-home placement as of December 31, 2009; 1,812 of those children also experienced seven to 12

months in out-of-home placement; and 1,117 of those children also experienced 13 to 18 months in out-of-home placement.¹

Period Specific Movements for Children First Placed in Foster Care in 2008 As of December 31, 2009								
Placement Intervals (Duration in Months)								
Children by Moves	6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36	37 to 42	43 to 48
Total Children	3,685	1,812	1,117	374				
Stayers	1,776	542	304	88				
Movers	1,909	1,270	813	286				
Number of Moves								
0	219	785	613	251				
1	1,025	318	127	28				
2	362	106	50	5				
3	172	39	11	2				
4	68	14	8	0				
5	37	4	2	0				
6	12	3	2	0				
7	9	0	0	0				
8	4	1	0	0				
9	1	0	0	0				
Total Movers	1,909	1,270	813	286				
As a Percent of Total Children by Placement Interval								
Total Children	100%	100%	100%	100%				
Stayers	48%	30%	27%	24%				
Movers	52%	70%	73%	76%				
Number of Moves								
0	11%	62%	75%	88%				
1	54%	25%	16%	10%				
2	19%	8%	6%	2%				
3	9%	3%	1%	1%				
4	4%	1%	1%	0%				
5	2%	0%	0%	0%				
6	1%	0%	0%	0%				
7	0%	0%	0%	0%				
8	0%	0%	0%	0%				
9	0%	0%	0%	0%				
Total Movers	100%	100%	100%	100%				

Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.
Outliers (children experiencing more than nine moves) are not included in this analysis.

Breaking this data into groups by whether or not the child has experienced a placement move as of December 31, 2009 shows that about half of the children entering out-of-home placement in 2008 have experienced at least one placement move. It also shows that the children who remain in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 3,685 total children entering out-of-home placement in 2008 and experiencing the “six or fewer months” period, only 52% (1,909) experienced a placement move as of December 31, 2009 at some point during their stay in out-of-home placement. Conversely, of the 1,117 children who experienced the “13 to 18 months” period, 73% (813) experienced a placement move as of December 31, 2009 at some point in their stay in out-of-home placement.

¹ There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2008 and has not had time to experience that period(s) in out-of-home placement.

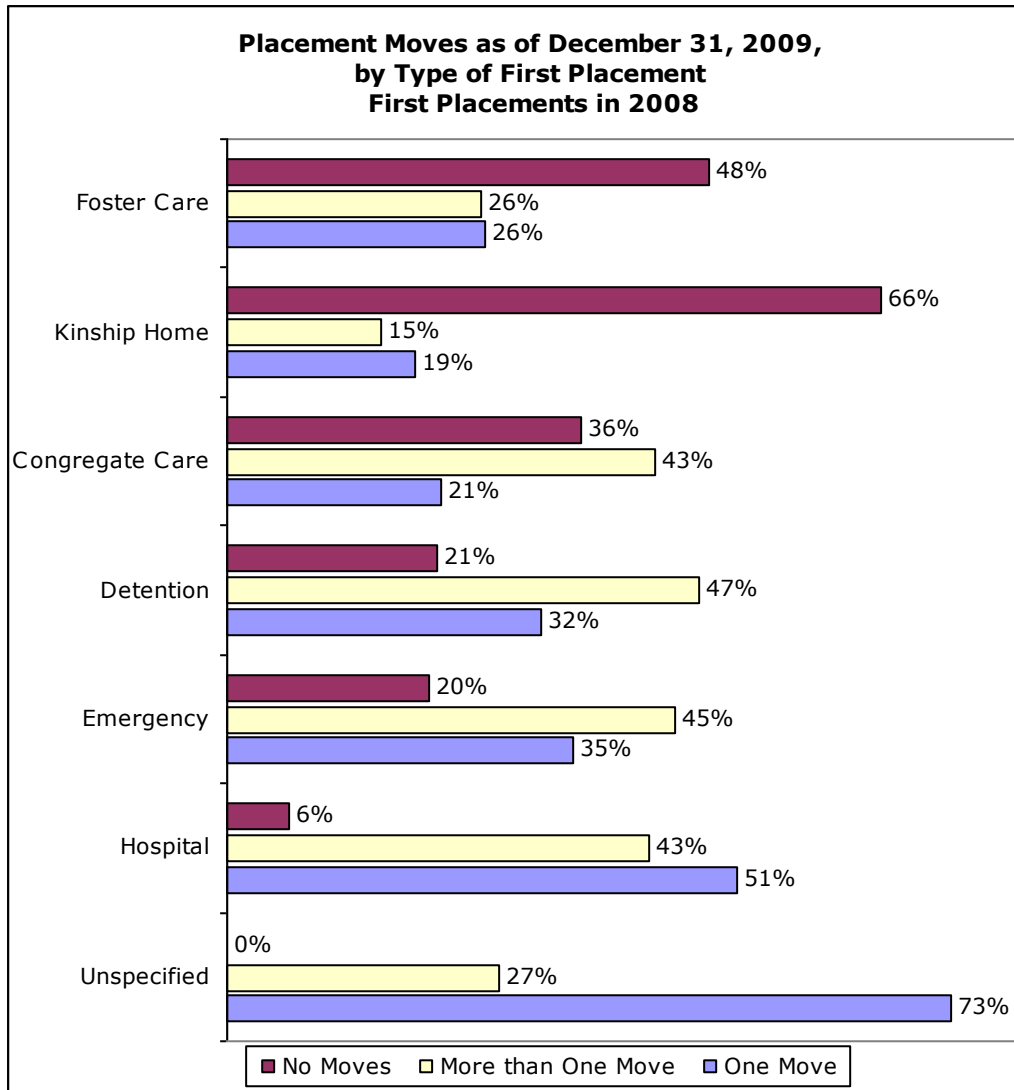
The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 1,909 “movers” who experienced six or fewer months in out-of-home placement, 11% (219) did not experience the placement move(s) during that period, but 89% (1,690) did. (Of the 89% of children who experienced a move during the first six months in out-of-home placement, 54% experienced one move, 19% experienced two moves, and so on.) Of the 813 “movers” who experienced 13 to 18 months in out-of-home placement, 75% (613) did not experience the move(s) during that period, and only 25% (200) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

These patterns were also seen for children entering out-of-home placement for the first time in earlier entry cohorts, as reported in previous monitoring reports.

C. Placement Moves by Type of Placement

The figure below provides a breakdown of placement stability data by the child’s first placement type when entering out-of-home care. For children entering out-of-home placement for the first time in 2008, those whose first placement was with relatives were less likely to move to another placement setting. Two-thirds (66%) of children initially placed with relatives did not experience a placement move while in care.

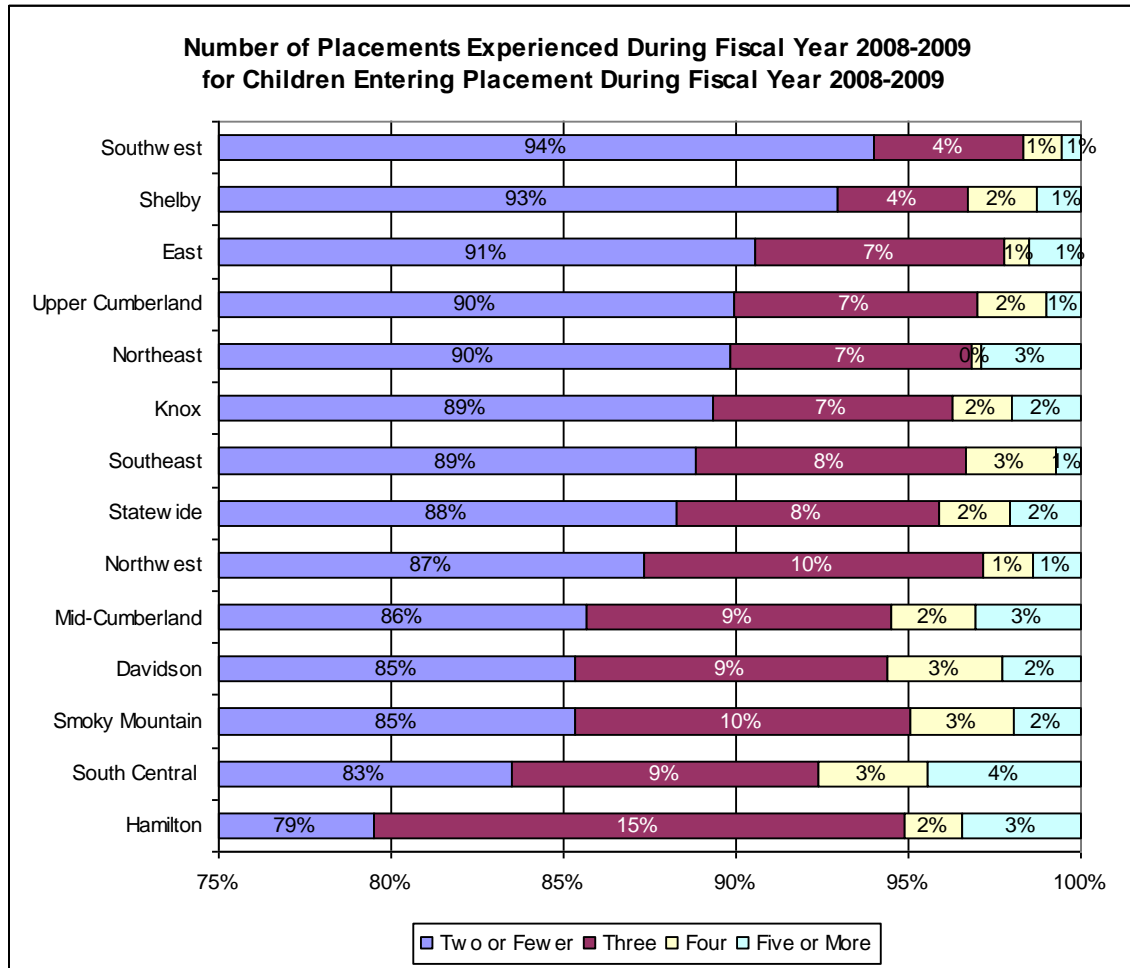
This increased stability of kinship placements compared to non-kinship resource families is consistent with the findings reported in previous monitoring reports for earlier entry cohorts.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.

D. Number of Placement Moves by Region

The figure below provides a more detailed look, by region, at the number of placements experienced fiscal year 2008-2009 by children who entered care for the first time during fiscal year 2008-2009.



Source: Longitudinal analytic files developed by Chapin Hall from TNKids data through February 2010.

APPENDIX H

Results of Targeted Review of Visits Between/Among Separated Siblings

July 16, 2010

I. Introduction

As the last several Monitoring Reports have discussed, the Department has been quite successful in its efforts to meet the requirement that sibling groups “be placed together, unless doing so is harmful to one or more of the siblings, one of the siblings has such exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together.” VI.C.6; XVI.B.3(a). Section XVI.B.3(b) requires that “at least 85% of all siblings who entered placement... shall be placed together.” For the most recent monitoring period (ending December 31, 2009), 84% of siblings entering placement were placed together.

The Department has been less successful in meeting the requirements that separated siblings have regular visits with each other. Section XVI.B.2(a) provides that “for those children who are not placed together, “there shall be face to face visits between the child and any of his or her siblings “in the most homelike setting available” and “as frequently as is necessary and appropriate to facilitate sibling relationships but no less frequently than once each month...or no less than one hour each time (unless the visit is shortened to protect the safety or well-being of the child as documented in the child’s case record), or more as otherwise required by the child’s permanency plan and reasonable professional standards. This standard does not apply to situations when there is a court order prohibiting visitation to less frequently than once every two months.” Section XVI.B.2(b) requires that “90% of the children who are separated from their siblings visit at least once a month” and that 90% of those not visiting at least once a month visit at least once every two months—an effective “cumulative” requirement that 99% of the children separated from siblings visit those siblings at least once every two months.

The Department produces an aggregate report on visits between/among separated siblings, extracting the sibling visit data from fields within TNKids case recordings, where sibling visits are supposed to be recorded. Based on this aggregate data, the TAC has reported that the percentage of separated siblings receiving once a month visits with each other has ranged from 29% to 49% and the percentage of separated siblings receiving visits at least once every two months has ranged from 49% to 76%.⁷ (December 2008 Monitoring Report, pp 46-47).

As the TAC noted in the December 2008 Monitoring Report (pp 45-46 and note 63), the aggregate data report does not capture whether sibling visits have been prohibited or limited in some way by court order, nor does it provide any indication of other contributors to the lack of sibling visits. It therefore appeared appropriate for the TAC to

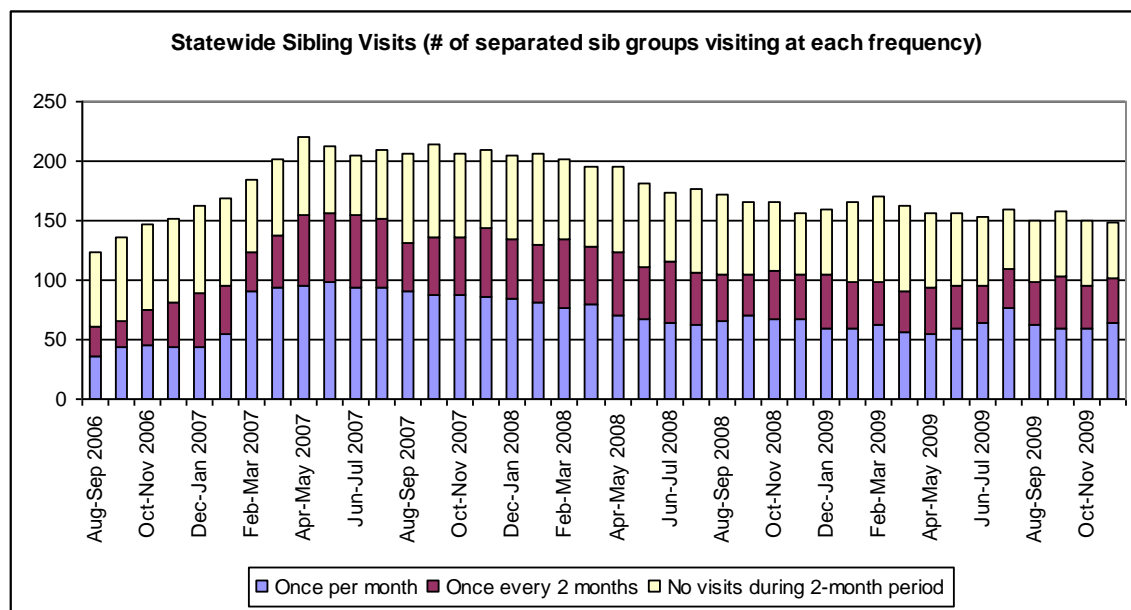
⁷ The Department’s aggregate reporting does not distinguish between visits involving all separated siblings and visits involving only some of the separated siblings. The Department did not build in a capacity for making this distinction because they felt that when sibling groups were not placed together, in most cases they were divided among two separate placements, not more. They therefore assumed that anytime visits occurred, one could reasonably assume that all the siblings were involved in the visit. For 15 (41%) of the 37 sibling groups included in the review, more than two siblings were in custody during the review period. The siblings in 8 (53%) of these 15 sibling groups were spread among three or more placements as of July 31, 2009 (or, if a sibling exited custody during the review period, as of that sibling’s last day in custody). That is, a total of 22% of sibling groups reviewed were spread among more than two placements during the review period.

conduct a targeted review of those cases in which siblings were not visiting regularly to determine whether the failure to visit was permissible under the Settlement Agreement (because of court ordered limitations on sibling visits). It also appeared appropriate to examine all of the cases in which sibling visits were not occurring regularly to identify the factors/circumstances/obstacles that were contributing to the lack of visits.

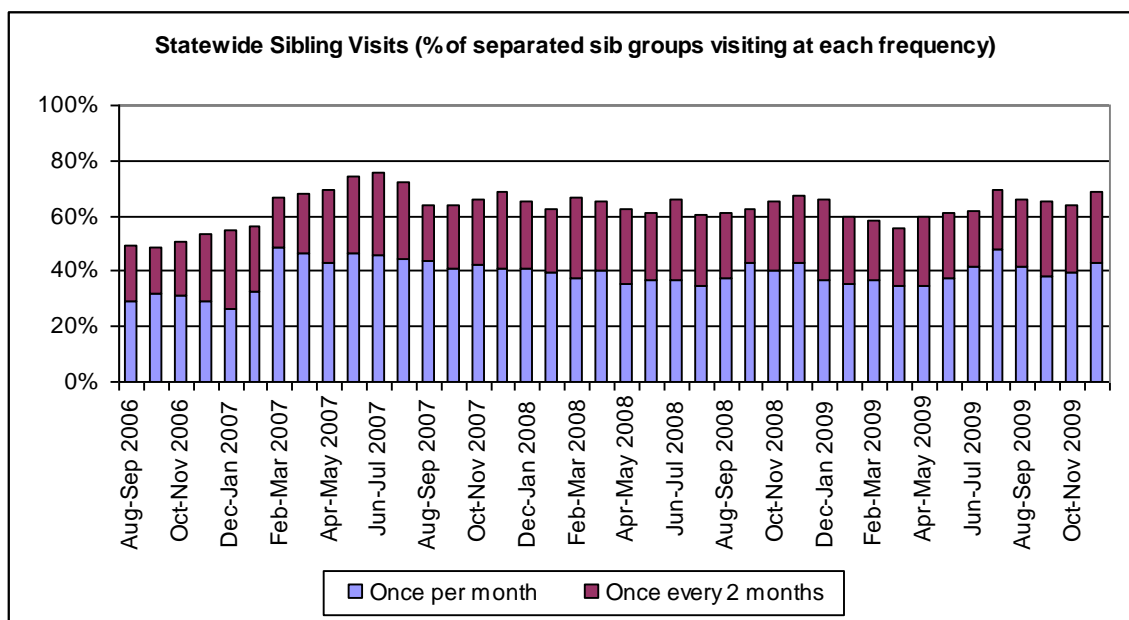
In addition, because previous case file reviews had identified cases in which sibling visits were occurring more frequently than they were documented in the TNKids sibling visitation field, the targeted review was designed to determine the extent to which the aggregate data drawn from TNKids underreports sibling visits—the extent to which case managers are simply failing to document visits that are actually occurring.⁸

II. TNKids Aggregate Sibling Visit Data

The figures below show performance on sibling visits as reported by the Sibling Visits Report from August-September 2006 through November-December 2009. The first figure shows the number of sibling groups visiting at each frequency during each two-month reporting period, and the second figure shows the percentage of sibling groups visiting at each frequency during each two-month reporting period.



⁸ Consistent with this focus, the cases reviewed were drawn from a sample of cases in which sibling visits, according to TNKids data, had not been occurring. The review was therefore not designed to identify over-reporting errors—data entries indicating that a sibling visit had occurred when in fact no such visit had taken place.



III. Methodology of Targeted Review

The sample of 37 sibling groups was pulled from the population of sibling groups (58) for whom the June-July 2009 Sibling Visits Report reported no sibling visits occurring during that two-month period. (The sample size has a confidence level of 95% and a confidence interval of +/-10; the sample was also stratified by region, with one exception: cases were stratified for the old East region (and not the 2 new regions) because TNKids does not distinguish between the two new regions).

The review looked at sibling visits for these 37 sibling groups during the six-month period from 2/1/09 through 7/31/09 to provide a more “representative” picture of the siblings’ overall visitation experience.

The reviewer read the case recordings for each sibling in the group and noted all instances of contact between siblings during the period from 2/1/09 to 7/31/09. Contact was generally counted as a visit if there was some interaction noted. That is, contact at a court hearing was counted as a visit if there was some reference to interaction between the siblings. However, contact at a CFTM was counted as a visit even if there was no documentation of interaction before or after the CFTM on the assumption that the siblings would have likely visited during breaks.⁹

When the reviewer identified a sibling not included on the report (because he/she did not enter custody within 30 days of other siblings or exited custody prior to the sibling visits report), the reviewer read case recordings for that sibling too.

⁹ The Department takes the position that sibling contact at court or at a CFTM should be documented as a visit if the siblings had some opportunity to spend time together outside of the courtroom or meeting.

After completion of the review, a list of all cases not meeting the minimum Settlement Agreement standard of a sibling visit at least once every two months was sent to the regions with a request to provide any additional information regarding sibling visits that may not have been clearly documented in TNKids. All follow-up information received from the regions was then incorporated into the review findings.

IV. Review Findings

A. Overall findings

Based on either (a) the documentation of sibling visits in the appropriate TNKids field, (b) references in the case notes or other documents in the case file from which it appeared that sibling visits were occurring notwithstanding the failure to record those contacts as “sibling visits,” or (c) follow-up information provided by the regions, of the 37 separated sibling group cases identified as not having any visitation during June and July 2009:

- Sibling visits appeared to have met the Settlement agreement requirement for sibling visits at least once every two months for 25 groups (68%).¹⁰ During the six-month period these siblings either (a) were not separated on the date the Sibling Visits Report was produced and, for this reason, should not have appeared on the Sibling Visits Report at all (2 groups);¹¹ (b) were separated only for a short time (less than 2 months) (2 groups); (c) were separated and appeared to be experiencing visits at least once every two months involving all siblings (12 groups);¹² or (d) were separated and appeared not to have been visiting regularly, but had a reasonable explanation or rationale for the missing visits that was either clearly documented in the TNKids file or articulated in the follow-up information from the regions (9 groups).¹³

¹⁰ If sibling contact at CFTMs or court hearings were not counted as a visit, two fewer cases would be considered to have met the sibling visit requirement, reducing the number to 23 (62%). A total of 20 sibling groups (54%) met the more rigorous Settlement Agreement standard that siblings visit at least monthly.

¹¹ The error in both instances was related to the accuracy or timeliness of data entered on the TNKids placement screens.

¹² This includes one case for which only visits between the oldest two siblings (who visited more than monthly) were counted for purposes of this review. The Department decided not to initiate a relationship between these two older siblings and their two younger siblings (whom they had never met) who entered custody much later and were adopted during the review period by a family who did not intend to maintain any connections to the children’s birth family.

¹³ While the Settlement Agreement only recognizes as a permissible exception to sibling visits situations in which a court order limits or prohibits visits, the reviewer considered other reasonable justifications for missed visits. In only two of the seven cases was there reference to a court ordered prohibition: in one, a court order that there be no contact between siblings was documented in the TNKids “Visitation Restrictions” icon; in the other, although there was no such order in the Visitation Restrictions icon, case recordings stated that no contact between the siblings was “court ordered at the recommendation of the therapists.”

- Sibling visits fell far short of the Settlement agreement requirement for sibling visits at least once every two months for 12 groups (32%).¹⁴ These siblings groups did not visit at least once every two months during the six-month period ending in July 2009, and in none of these cases did the record or follow-up information from the regions provide a permissible reason or rationale for the lack of visitation.

B. Specific findings related to visits during the two-month period of June-July 2009

Of the 35 separated sibling group cases reviewed for which aggregate reporting indicated no visits having occurred between June 1 and July 31,¹⁵ there was in fact documentation in TNKids of visits having occurred between at least some siblings in 11 cases. Follow-up information from the regions indicated that in an additional 6 cases, documentation of at least one visit between some siblings during the two-month period was missing from TNkids, bringing the total number of cases in which at least some siblings had visited each other during June and July to 17. In 15 of these 17 cases, all siblings visited each other at least once during that two-month period, and in an additional 2 cases at least some of the siblings in the group had visited at least once.¹⁶

Of the 18 sibling group cases having no visits during that two-month period,¹⁷ in 6 cases the failure to visit was pursuant to either the team's decision to endorse a therapist's recommendation to prohibit visits or a court-ordered prohibition on visiting; in 3 cases the failure to visit was based on a refusal of a child to visit or be visited; and in 1 other case, the failure to visit was because all siblings but one were placed with a relative in California.

C. Specific findings related to visits during the six-month period from February through July 2009

Of the 37 groups reviewed, 2 groups had been incorrectly identified as being separated, 2 groups had been separated for only a short time, and 9 groups had clearly documented reasons (either in the TNKids file or in follow-up information provided by the regions) for missed visits during the six-month period from February to July 2009. Of the remaining 24 separated sibling group cases not having a clearly documented reason that siblings were not visiting:

¹⁴ If sibling contact at CFTMs or court hearings were not counted as a visit, two additional cases would be considered as falling far short of the sibling visit requirement, bringing the number to 14 (38%). A total of 17 sibling groups (46%) fell short of the more rigorous Settlement Agreement standard that siblings visit at least monthly.

¹⁵ Dropped from this part of the review were the 2 cases reported as separated sibling groups who were in fact not separated.

¹⁶ If sibling contact at CFTMs or court proceedings were not to be counted as "sibling visits," then visits occurred between siblings during June and July in 15 cases, with all of the siblings visiting at least once in that two-month period in 13 cases, and at least some of the siblings visiting each other in 2 cases.

¹⁷ If sibling contact at CFTMs or court proceedings were not to be counted (see footnote 8 above), this number of groups having no visits would be 20.

- in 11 cases all siblings were visiting each other at least once every two months (including one case in which the only visit during one two-month period occurred at court);¹⁸
- in one additional case, some of the siblings in the group were visiting at least once every two months;
- in 2 cases, the siblings (some in one case and all in the other case) only visited once or twice during the six-month period;
- in 2 additional cases, the siblings (some in one case and all in the other case) visited 3 or 4 times during the review period, but there was a period of at least two months when the siblings did not visit at all;
- in an additional 3 cases, the case notes reflected more visits than documented in the TNKids field (between at least some siblings), but there was insufficient information to determine whether (or reasonably infer that) the frequency of visits was at least once every two months and the region was unable to provide any further clarification regarding visit frequency; and
- in 5 cases, no visits occurred for any siblings during the six-month period.

V. Additional Observations

- Among the 25 cases of sibling groups meeting the Settlement Agreement requirement for visits at least once every two months were several examples of strong practice related to maintaining connections for separated siblings:
 - In one Southeast case, the resource parent was not following through with sibling visits as expected, so the FSW ensured that visits occurred more than monthly by facilitating communication between the resource parents, assisting with scheduling, and even babysitting.
 - In one Knox case, one sibling was placed in Tennessee with a resource parent, and his other siblings were placed on ICPC with their grandmother in California. The Tennessee resource parent was so concerned about maintaining the child's contact with his siblings that she arranged a family trip to CA to take him to visit his siblings and grandmother.
 - In another Knox case, the siblings were placed with the families who were their host families when they moved to the United States. These resource parents ensure regular contact and visitation, and even participate in counseling together with the siblings monthly. Both resource parents plan to adopt.

¹⁸ In 7 of these cases, all siblings visited at least once per month or more. (This includes the case mentioned in footnote __ above in which the Department decided not to initiate a relationship between the two oldest siblings and their two younger siblings who were also in custody during the review period. The two oldest siblings visited more than monthly throughout the review period.)

- In one Hamilton case, the two oldest siblings still remaining in custody during the review period had been placed with one another on and off for the past several years. When they were not placed together, they reported to the FSW that they saw each other as often as they wanted to. When the oldest sibling exited to post-custody, he was placed back in the resource home with his sister.
- In one South Central case involving eight siblings, the sibling group was separated into two different foster homes during the review period. The siblings saw each other daily at their schools and daycares, and the resource parents arranged weekly visits for the children at the resource homes.
- In one Mid-Cumberland case, the two siblings in custody had been raised by the same caregiver for years but were not biological siblings. They did not get along well and one sibling repeatedly maintained that he did not want to visit the other sibling. Visits between the siblings were suspended at the recommendation of the therapist in April until a bonding assessment could be completed. However, one sibling's team made the team made efforts to re-establish contact between the child and his biological sister who was not in custody and had been adopted. Ultimately, he ended up being placed with his biological sister's parents for adoption.
- Even sibling visits meeting the requirements of the Settlement Agreement may not adequately meet the siblings' need to maintain connections with one another. In one case in which the siblings visited almost monthly (they missed a visit in April) and even went to camp together for a week in the summer, the case files contained documentation that the children frequently expressed the desire to see one another more frequently than they do.
- In some cases, factors involving one or more siblings such as hospitalizations, placements in residential treatment, placements in detention, and runaway episodes complicated the scheduling of visits between siblings. Also, significant distances between siblings' placements in some cases made scheduling visits difficult. In two cases, there was a notation by the FSW in case recordings mentioning the policy of the residential facility where a sibling was placed not to allow visits with siblings during certain phases of treatment. Some follow-up responses from the regions suggest that in some instances, regional staff felt that such obstacles were adequate justification for less frequent sibling visits.
- In some of the cases for which there was a clearly documented therapeutic reason for the missing visits, there was little documentation in the file to confirm that the therapeutic appropriateness of visits between siblings would be reevaluated at some point in the future.
- A few sibling groups were not biological siblings, but were children who had been adopted by the same family and later re-entered custody. The Department generally seems to treat these siblings like biological siblings. However, in one case in which the siblings were not visiting and there was no clear reason for the

lack of visits, the FSW noted occasionally in case recordings that the siblings “aren’t biological siblings.”

- The complexity of the process by which sibling visits are entered into TNKids is certainly an important factor contributing to the incorrect documentation of sibling visits.
- For those sibling groups that are experiencing regular visits at least once every two months, it appears that the majority of those visits are occurring in family like or more normalized community settings.
- The reviewer noted evidence of efforts to reunite separated siblings in several cases:
 - In the Hamilton case mentioned above, the siblings were reunited several times during their custody episode after separations, and the oldest sibling was placed in sister’s resource home when he entered post-custody.
 - In one South Central case, the separated sibling was reunited with her other siblings in their resource home in December 2009. She had been separated from her siblings and placed in therapeutic resource homes and psych hospitalizations because of behavior outbursts and hallucination, and she currently continues to receive psychiatric care in her resource home with her siblings.
 - In one Upper Cumberland case, the region worked to place two siblings together with relatives, but ultimately the relatives decided that they could not handle one sibling’s autism. That sibling remained at King’s Daughters, but the relatives are committed to maintaining her relationship with her sister.
 - In the Mid Cumberland case mentioned above, the siblings are not biological siblings but lived with the same caregiver prior to custody. Although they were separated and visits were stopped until a bonding assessment could be completed, there was very good work to reconnect one sibling to his biological sister who had been adopted by another family. As of this review, he was placed with her and her family planned to adopt him.
 - In one Shelby case, one sibling was separated from her siblings for after she ran away from the resource home, but she was placed back in same resource home with her siblings after one month.
 - In another Shelby case, the siblings were separated and then placed together again on several occasions during the several years they had been in custody.

However, as mentioned above, in some cases where the siblings were not visiting because of clinical recommendations, there was no documentation of work or plans to reevaluate the appropriateness of visits in the future. In other cases, there was no evidence of work or plans to reunite the siblings in the future.

APPENDIX I

Definitions of Each Incident Type

Incident Definitions as of June 25, 2010

Incident Type	Definition
Abduction	A child (or youth) is taken from the facility by unauthorized individuals (i.e. alleged perpetrators of abuse, non-custodial parents or relatives).
Abuse or neglect	A DCS or contract agency staff member or any person in contact with the youth is alleged to have physically, sexually or verbally abused a child or youth.
Assault	A willful and malicious attack by a child/youth on another person (this is not meant to include horse-play)
Emergency Medical Treatment	A child/youth has been injured or has suffered an illness that requires emergency medical attention. (In an instance of treatment of a child or youth, the child or youth's custodial adult must be notified.)
Physical Restraint	The involuntary immobilization of an individual without the use of mechanical devices this includes escorts where the youth is not allowed to move freely.
Contraband	Any item possessed by an individual or found within the facility that is illegal by law or that is expressly prohibited by those legally charged with the responsibility for the administration and operation of the facility or program and is rationally related to legitimate security, safety or treatment concerns. Note: aggregate Cigarettes/Tobacco monthly.
Major Event at Agency	An event causing a significant disruption to the overall functioning of the program AND necessitating notifying an emergency official. This event affects all, or nearly all, of the children and staff at the location. Examples include a riot, a fire, the death of a child or staff member (while at the location), a flood, etc.
Arrest of child or youth	A child or youth is arrested while in the custody or control of DCS, and the arrest has been confirmed by a law enforcement agency.
Arrest of parent, surrogate or staff person	The arrest of a DCS or a contract agency staff member, including foster parent or others affiliated with the youth and/or family, and has been confirmed by a law enforcement agency.
Medication Error	A medication error is when a medication is not administered according to the prescribing provider and/or according to DCS policy and procedure.
Mental Health Crisis	A child or youth has engaged in or experienced: self injurious behavior; suicidal ideation or behavior; homicidal ideation or behavior or acute psychotic episode.
Emergency Use of Psychotropic medication(s)	An emergency one-time dose of a psychotropic medication in the event of a psychiatric emergency when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others.
Mechanical Restraint	The use of a mechanical device that is designed to restrict the movement of an individual. Mechanical restraints shall be defined as handcuffs, chains, anklets, or ankle cuffs, or any other DCS approved or authorized device.
Seclusion	The placement or confinement of an individual alone in a locked room or egress is prevented.
Runaway	Child or youth leaves a program without permission and their whereabouts is unknown or not sanctioned.
Placement Referral Decisions	Placement Referral Decisions
Disruption of Service	Disruption of Service

APPENDIX J

DCS Pharmacy Data Summary, January to December 2009

Pharmacy Data January-December 2009

Blue Cross and Blue Shield provided pharmacy data to the Department of Children Services for January-December 2009. The information each month included:

- the name of child
- social security number
- the prescriber's name, specialty, and address
- the primary care physician's name and address
- date of service and date the prescription was paid
- the drug's name , strength, and the quantity dispensed
- amount paid
- the pharmacy's name and address

This information was matched with data from TNKIDS for each month. Summary information was given on demographic information, such as adjudication, gender, and race. Summary information on the physician prescribing the medication, as well as, drug information was given. The information from each month has been totaled and averaged for the year. Here were some of calendar year 2009 findings:

Statewide

- The average number of DCS children prescribed at least one drug per month was 1704 children.
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar year:
 - Thirty percent (29.9%) of the children were prescribed at least one drug.
 - A child's average age was thirteen years (13.5).
 - A child's average length of time in custody was eight months (7.8).
 - A child's average number of months being prescribed at least one drug was five months (5.1).
- The child's average number of drugs being prescribed each month was two prescriptions (1.7).
- Eight percent (8.4%) of the children prescribed at least one drug was prescribed a medication every month of the calendar year.
 - The average age of the child was 12.5 years.
 - The average number of months the child had 4 or more medications prescribed was 5.6 months.
 - The average number of drugs prescribed each month was 2.4 drugs.
- Ten percent (10.4%) of the children prescribed at least one drug was prescribed 4 or more medications for at least one month of the calendar year.
 - Average age of the child was 14.2 years.
 - The average length of stay in custody was 9.2 months.
 - The average number of months the child had 4 or more medications prescribed was 3.5 months.

- Thirty six percent (35.7%) of the children was prescribed 4 medications only one month during the calendar year.
 - Three percent (2.7%) of the children was prescribed four or more drugs all twelve months of the calendar year.
 - The average number of drugs prescribed each month was 4.2 drugs.
- The Primary Care Physician was the medical doctor category with the most medications prescribed for the children during the calendar year.
- The five drugs prescribed the most during the calendar year:
 - Methylphenidate
 - Trazodone HCL
 - Risperdal
 - Seroquel
 - Clonidine
- The five classes of drugs prescribed the most during the calendar year:

<u>Drug Class</u>	<u>Drug1</u>	<u>Drug2</u>
1) Antidepressants	Trazodone HCL	Celexa
2) Antipsychotic	Risperdal	Seroquel
3) Mood Stabilizers	Depakote	Trileptal
4) Stimulants	Methylphenidate	Adderall
5) Anti-Hypertensives	Clonidine	Guanfacine
- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and thirteen years of age; and the Primary Care Physician was prescribing approximately two drugs (1.7) per month for the child.

Brian A Children

- The average number of DCS children prescribed at least one drug per month was 1226 children.
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one drug during the calendar
 - Twenty six percent (26.4%) of the children were prescribed at least one drug.
 - A child's average age was twelve years (12.2).
 - A child's average length of time in custody was eight months (8.3).
 - A child's average number of months being prescribed at least one drug was six months (5.7).
 - The child's average number of drugs being prescribed each month was two prescriptions (1.7).
 - Twelve percent (11.6%) of the children prescribed at least one drug was prescribed a medication every month of the calendar year.
 - The average age of the child was 12.2 years.
 - The average number of months the child had 4 or more medications prescribed was 5.6 months.
 - The average number of drugs prescribed each month was 2.4 drugs.
- Eleven percent (11.3%) of the children prescribed at least one drug was prescribed 4 or more drugs for at least one month of the calendar year.
 - Average age of the child was 13.6 years.
 - The average length of stay in custody is 9.8 months.

- The average number of months the child had 4 or more medications prescribed was 3.8 months.
- Thirty two percent (31.9%) of the children was prescribed 4 medications only one month during the calendar year.
- Three percent (3.4%) of the children was prescribed four or more drugs all twelve months of the calendar year.
- The average number of drugs prescribed each month is 4.2 drugs.
- The Primary Care Physician was the medical doctor category with the most medications prescribed for the children during the calendar year.
- The five drugs prescribed the most during the calendar year were
 1. Methylphenidate
 2. Risperdal
 3. Clonidine
 4. Adderall
 5. Abilify
- The five classes of drugs prescribed the most during the calendar year:

<u>Drug Class</u>	<u>Drug1</u>	<u>Drug2</u>
1) Antidepressants	Trazodone HCL	Zoloft
2) Antipsychotic	Risperdal	Abilify
3) Mood Stabilizers	Depakote	Lamotrigne
4) Stimulants	Methylphenidate	Adderall
5) Anti-Hypertensives	Clonidine	Guanfacine
- A Brian A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, twelve years of age; and the Primary Care Physician was prescribing two drugs per month for the child.

Chart 1

Number of Children in DCS Custody Prescribed at Least One Drug
By Month

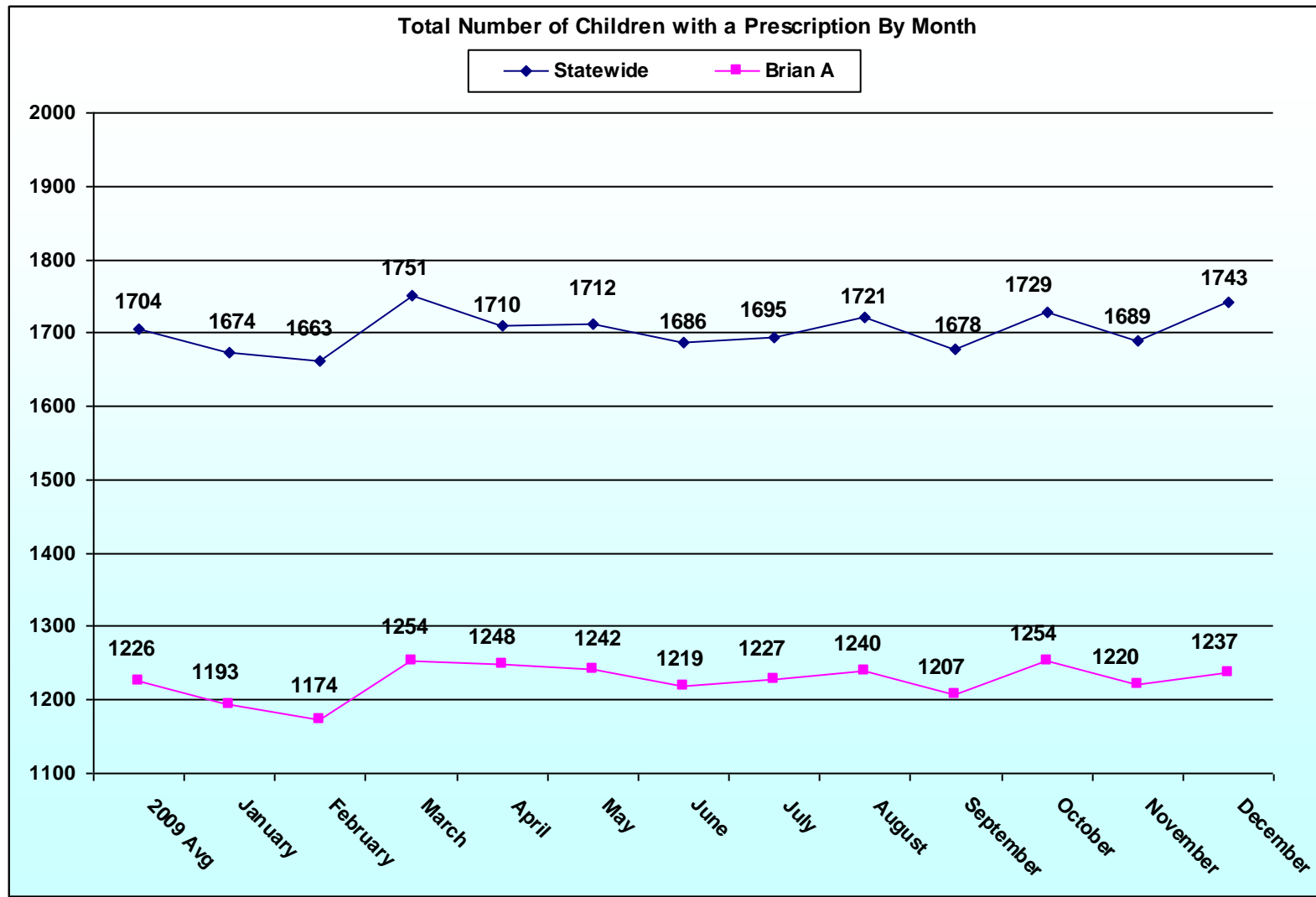
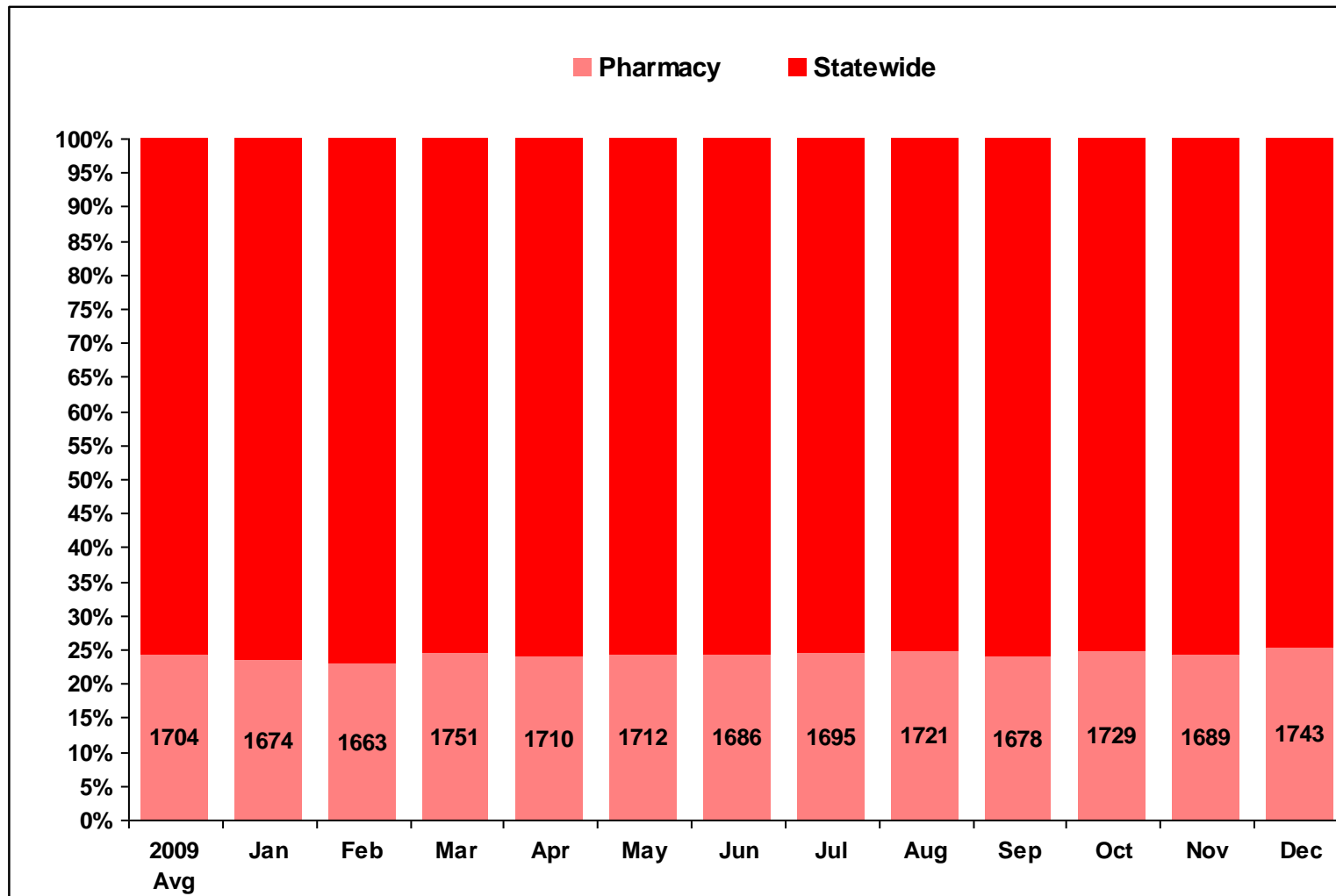


Chart 2A

**Percentage of Children in DCS Custody Prescribed at Least One Drug
By Month**



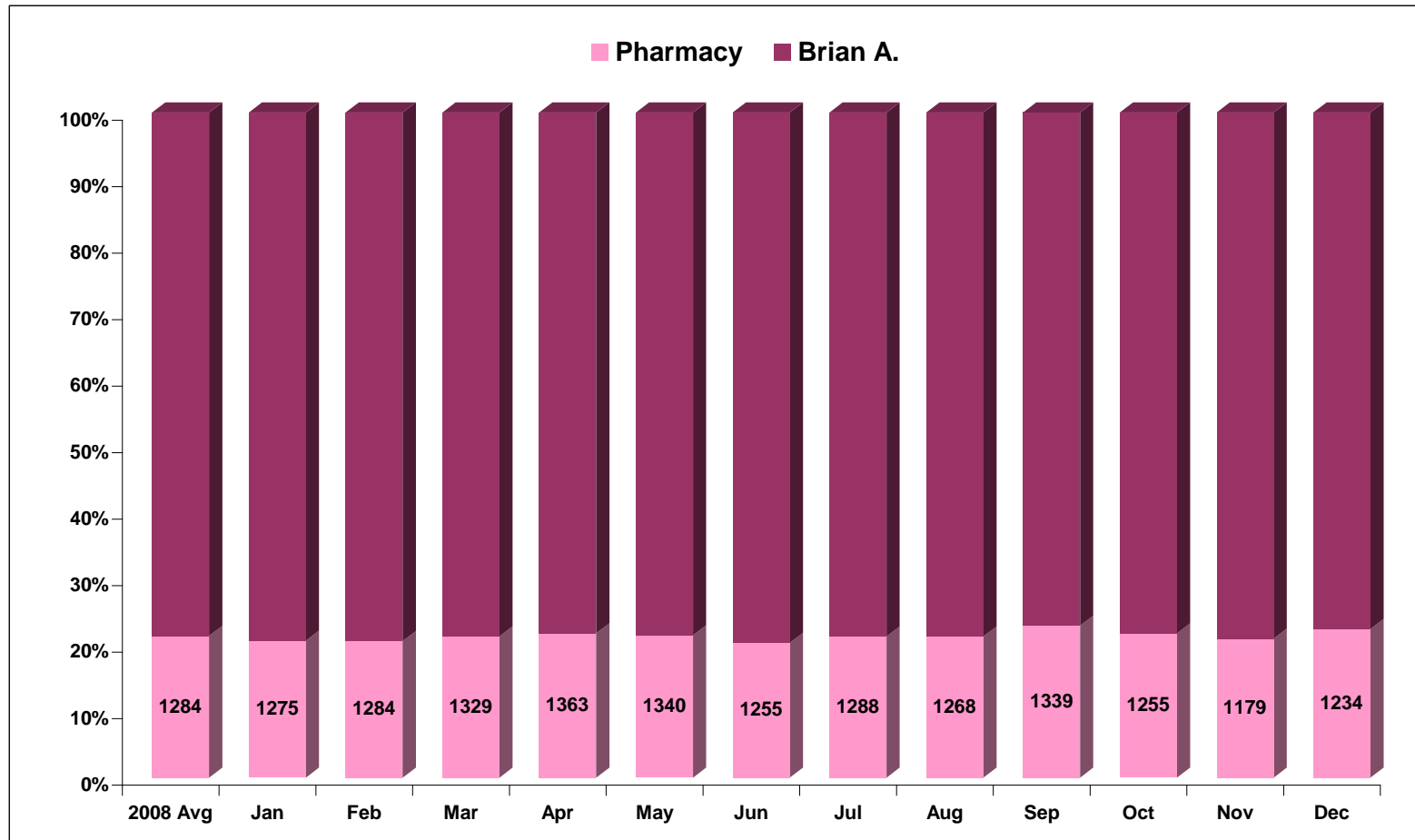
2009 Average Number of Department of Children's Children - 7040

Analysis & Reporting-Pharmacy Data 2009

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Chart 2B

**Percentage of Brian A Children in DCS Custody Prescribed at Least One Drug
By Month**



2009 Average Number of Brian A. Children - 5337

Table 1A

--Statewide-Demographics January-December 2009--

Number of Children by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	1704	1674	1663	1751	1710	1712	1686	1695	1721	1678	1729	1689	1743
Adjudication													
Dependent/Neglect	1177	1141	1126	1197	1191	1189	1172	1180	1192	1160	1210	1173	1190
Delinquent	477	481	488	496	460	469	465	468	481	471	474	468	505
Unruly	50	52	49	58	59	54	49	47	48	47	45	48	48
Gender													
Male	1077	1089	1081	1122	1076	1070	1047	1065	1077	1052	1084	1058	1098
Female	628	585	582	629	634	642	639	630	644	626	645	631	645
Age Range													
<= 5	76	73	72	82	68	69	68	82	82	77	78	81	82
6 - 10	253	262	253	260	262	252	234	234	246	239	261	264	263
11 - 14	456	447	447	472	488	489	476	457	458	435	442	425	437
15 - 17	881	852	846	893	853	875	876	886	895	883	909	886	916
18 +	39	40	45	44	39	27	32	36	40	44	39	33	45
Race													
White	1181	1182	1151	1218	1199	1199	1178	1185	1183	1158	1180	1144	1194
Black/African American	442	427	429	451	429	440	432	430	449	434	461	456	468
American Indian/Alaska Native	2	1	1	0	1	1	1	1	4	4	2	3	2
Asian	1	1	1	1	0	0	0	2	2	1	3	1	2
Multi Racial	45	38	49	49	47	39	43	44	50	45	48	47	44
Native Hawaiian/Other Pacific Islander	0	0	0	1	1	1	0	0	0	0	0	0	0
Unable to Determine	33	25	32	31	33	32	32	33	33	36	35	38	33

Table 1B

--Brian A-Demographics January-December 2009--

Brian A. Children by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	1226	1193	1174	1254	1248	1242	1219	1227	1240	1207	1254	1220	1237
Adjudication													
Dependent/Neglect	1175	1141	1125	1196	1189	1188	1170	1180	1182	1160	1209	1173	1189
Unruly	50	52	49	58	59	54	49	47	48	47	45	47	48
Gender													
Male	709	709	694	730	712	708	693	706	708	696	722	707	718
Female	518	484	480	524	536	534	526	521	532	511	532	513	519
Age Range													
<= 5	76	73	72	82	68	69	68	82	82	77	78	81	82
6 - 10	252	262	253	260	261	251	233	233	245	238	260	262	262
11 - 14	381	371	363	393	408	403	400	390	387	362	369	358	364
15 - 17	518	487	486	519	511	519	518	522	526	530	547	519	529
Race													
White	892	886	851	908	912	912	895	899	899	875	901	874	895
Black/African American	269	258	257	280	267	271	265	266	270	261	279	274	275
American Indian/Alaska Native	2	1	1	0	1	1	1	1	4	4	2	3	2
Asian	0	0	0	0	0	0	0	1	1	0	2	0	1
Multi Racial	37	28	39	42	41	34	34	35	40	37	41	38	36
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	26	20	26	24	27	24	24	25	26	30	29	31	28

Table 1C

--Statewide-Children in DCS Custody January-December 2009--

Number of Children in Custody by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	7040	7161	7223	7154	7136	7090	6972	6901	6976	7012	7013	6951	6887
Adjudication													
Dependent/Neglect	5193	5238	5278	5224	5225	5169	5122	5118	5214	5268	5224	5143	5094
Delinquent	1701	1757	1780	1768	1755	1764	1706	1648	1632	1612	1655	1669	1666
Unruly	146	166	165	162	156	157	144	135	130	132	134	139	127
Gender													
Male	4111	4177	4230	4179	4165	4160	4071	4027	4039	4059	4100	4081	4047
Female	2928	2984	2993	2975	2971	2930	2901	2874	2937	2953	2913	2870	2840
Age Range													
<= 5	1848	1847	1853	1844	1833	1815	1824	1862	1893	1901	1887	1823	1799
6 - 10	1001	1010	1010	986	981	971	990	977	1002	1028	1025	1014	1014
11 - 14	1144	1170	1184	1183	1204	1185	1155	1124	1127	1126	1103	1097	1071
15 - 17	2827	2902	2939	2907	2901	2895	2797	2726	2751	2741	2783	2800	2778
18 +	219	232	237	233	216	223	205	211	202	215	214	216	224
Race													
White	4452	4594	4637	4568	4547	4524	4433	4346	4389	4394	4369	4325	4293
Black/African American	2119	2125	2125	2131	2135	2113	2085	2082	2103	2125	2138	2146	2116
American Indian/Alaska Native	15	11	13	12	10	10	11	11	16	20	20	23	24
Asian	11	12	12	11	11	12	9	10	10	10	12	13	14
Multi Racial	194	191	198	194	199	189	185	195	196	196	203	192	190
Native Hawaiian/Other Pacific Islander	4	4	5	4	5	4	4	4	4	4	4	4	4
Unable to Determine	245	224	233	234	229	238	245	253	258	263	267	248	246

Table 1D

--Brian A-Children in DCS Custody January-December 2009--

Number of Brian A. Children in Custody by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	5337	5400	5439	5385	5380	5324	5265	5252	5343	5399	5357	5281	5219
Adjudication													
Dependent/Neglect	5192	5234	5275	5223	5224	5167	5121	5117	5213	5267	5223	5142	5092
Unruly	146	166	164	162	156	157	144	135	130	132	134	139	127
Gender													
Male	2704	2720	2757	2719	2713	2702	2669	2666	2692	2724	2728	2690	2665
Female	2633	2680	2682	2666	2667	2622	2596	2586	2651	2675	2629	2591	2554
Age Range													
<= 5	1848	1847	1853	1844	1833	1815	1824	1862	1893	1901	1887	1823	1799
6 - 10	1000	1010	1010	986	980	970	988	975	1000	1026	1024	1013	1013
11 - 14	965	983	988	990	1008	989	962	948	962	962	939	934	919
15 - 17	1524	1560	1588	1565	1559	1550	1491	1467	1488	1510	1507	1511	1488
Race													
White	3606	3687	3715	3656	3647	3622	3575	3537	3601	3621	3572	3532	3503
Black/African American	1341	1347	1339	1347	1351	1325	1311	1325	1344	1369	1363	1347	1319
American Indian/Alaska Native	14	9	12	11	9	9	10	10	14	18	18	21	21
Asian	7	7	7	6	6	7	7	7	5	5	7	8	9
Multi Racial	166	158	165	164	172	161	157	166	168	169	175	166	165
Native Hawaiian/Other Pacific Islander	4	3	4	3	4	4	4	4	4	4	4	4	4
Unable to Determine	201	189	197	198	191	196	201	203	207	213	218	203	198

Table 2A

--Statewide-Placement Type Information January-December 2009--

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total ...	7040	1704	1674	1663	1751	1710	1712	1686	1695	1721	1678	1729	1689	1743
Contract Foster Home	533	37	41	36	32	37	39	30	29	30	33	45	47	48
Contract Foster Home Medically Fragile	40	12	13	14	12	9	8	9	12	13	11	11	13	13
Contract Foster Home Therapeutic	1066	75	64	71	80	79	79	91	87	72	65	72	73	70
DCS Foster Home	2312	227	235	235	272	245	238	211	226	218	214	210	208	214
Expedited Home	148	12	19	9	12	14	12	9	9	15	15	7	8	11
In-Home/Trial Home Visits	588	92	81	98	110	89	83	92	94	126	95	79	69	90
DCS Group Home	56	20	21	22	20	15	18	19	17	16	21	21	23	22
Youth Development Center	432	5	9	6	10	5	6	6	6	6	3	0	4	4
Runaway	159	3	1	0	1	4	5	3	2	6	2	5	2	1
Medical Surgical/In-Patient Psychiatric	11	4	2	2	6	8	3	6	5	7	2	5	3	2
Level 2	27	9	10	12	9	10	10	9	10	8	7	7	5	9
Level 2 Continuum	499	376	383	379	384	400	385	382	342	356	355	386	373	388
Level 2 Special Needs	29	20	25	24	25	22	24	23	18	16	16	16	13	16
Level 2 Special Population	183	75	79	77	78	81	75	65	70	70	72	75	75	82
Level 2 Special Population Enhanced	10	1	3	2	0	2	2	0	3	1	1	0	2	0
Level 3	175	97	85	79	86	79	86	95	94	96	104	118	125	115
Level 3 Continuum	461	479	457	442	468	445	481	472	504	500	496	508	486	494
Level 3 Continuum Special Needs	47	41	37	40	39	39	38	40	44	40	42	45	40	48
Level 3 Special Needs Alcohol & Drugs	20	14	13	17	15	15	10	14	14	14	15	12	17	15
Level 3 Special Needs Sex Offender	25	17	12	11	16	18	21	18	18	16	17	17	20	19
Level 4	84	59	58	61	59	61	61	71	71	65	62	53	41	46
Level 4 Special Needs	13	8	3	1	1	1	4	4	5	9	15	17	19	18
Detention/Emergency Shelter/Primary Treatment Center	113	18	19	23	13	28	23	15	14	20	12	18	21	15
Transitional/Independent Living	2	0	1	0	0	1	1	1	0	0	0	0	0	0
DCS Observation & Assessment Center/Diagnostic, Evaluation, and Assessment/DCS Office	8	2	3	2	3	3	0	1	1	0	2	1	1	2

Table 2B

--Brian A-Placement Type Information January-December 2009--

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	5337	1226	1193	1174	1254	1248	1242	1219	1227	1240	1207	1254	1220	1237
Contract Foster Home	528	36	39	35	31	36	37	28	27	29	32	44	46	47
Contract Foster Home Medically Fragile	40	12	13	14	12	9	8	9	12	13	11	11	13	13
Contract Foster Home Therapeutic	933	66	58	59	71	70	69	79	77	63	58	64	66	60
DCS Foster Home	2269	216	223	223	255	233	229	203	218	207	202	198	201	205
Expedited Home	144	11	18	9	12	13	11	9	9	14	13	7	6	10
In-Home/Trial Home Visits	441	66	64	65	71	68	62	61	62	89	65	64	51	70
DCS Group Home	1	0	1	1	1	1	0	0	0	0	0	0	0	0
Youth Development Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Runaway	88	1	0	0	0	2	0	1	1	2	0	3	2	1
Medical Surgical/In-Patient Psychiatric	10	3	1	1	3	6	3	5	3	4	2	3	3	1
Level 2	7	2	2	2	1	1	2	2	4	4	3	3	2	3
Level 2 Continuum	347	308	315	306	313	322	311	312	282	294	298	321	313	314
Level 2 Special Needs	18	15	20	20	19	16	18	18	14	13	12	10	9	11
Level 2 Special Population	41	17	17	16	13	17	17	16	19	18	17	22	19	17
Level 2 Special Population Enhanced	2	0	0	0	0	0	0	0	1	0	0	0	0	0
Level 3	79	55	49	51	54	45	47	54	55	56	58	62	65	62
Level 3 Continuum	257	327	294	288	313	315	337	329	353	345	345	344	333	327
Level 3 Continuum Special Needs	24	25	19	21	23	24	24	24	27	24	26	29	27	31
Level 3 Special Needs Alcohol & Drugs	5	4	4	4	4	7	4	3	3	3	4	3	4	4
Level 3 Special Needs Sex Offender	1	10	7	7	9	9	11	13	12	8	9	8	11	10
Level 4	59	40	43	44	44	42	38	43	41	42	40	37	28	37
Level 4 Special Needs	10	6	2	1	1	1	3	3	3	5	10	12	14	13
Detention/Emergency Shelter/Primary Treatment Center	22	6	4	7	4	11	11	6	4	6	1	8	6	2
Transitional/Independent Living	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DCS Observation & Assessment Center/Diagnostic, Evaluation, and Assessment/DCS Office	0	0	0	0	0	0	0	1	0	0	0	0	0	0

Table 3A**--Statewide-Number of Prescriptions January-December 2009--**

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	7040	1704	763	538	282	121
January	7161	1674	724	536	272	142
February	7223	1663	754	551	242	116
March	7154	1751	784	561	271	134
April	7136	1710	794	537	269	108
May	7090	1712	806	514	272	119
June	6972	1686	761	530	272	122
July	6901	1695	739	531	292	132
August	6976	1721	753	528	310	128
September	7012	1678	712	538	308	119
October	7013	1729	741	556	311	120
November	6951	1689	788	528	278	94
December	6887	1743	799	540	288	114

Table 3B**--Brian A-Number of Prescriptions January-December 2009--**

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	5337	1226	536	375	220	95
January	5400	1193	508	373	208	104
February	5439	1174	527	379	181	87
March	5385	1254	552	385	214	103
April	5380	1248	568	379	216	84
May	5324	1242	561	360	218	102
June	5265	1219	528	376	214	101
July	5252	1227	521	383	220	102
August	5343	1240	533	365	240	100
September	5399	1207	487	380	244	95
October	5357	1254	528	390	240	95
November	5281	1220	562	359	221	77
December	5219	1237	552	368	226	89

Table 3C

--Statewide-Number of Children with 4+ Prescriptions by Age Group January-December 2009--

Number of Children By Age Group With 4+ Prescriptions Yearly Average	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
	7040	1704	0	14	40	64	2
January	7161	1674	0	11	53	75	3
February	7223	1663	0	14	37	62	3
March	7154	1751	0	14	48	70	2
April	7136	1710	0	7	35	63	3
May	7090	1712	0	13	41	63	2
June	6972	1686	0	14	45	60	3
July	6901	1695	0	19	41	70	2
August	6976	1721	0	20	39	66	3
September	7012	1678	0	17	41	59	2
October	7013	1729	1	18	36	61	4
November	6951	1689	0	8	31	54	1
December	6887	1743	0	16	30	67	1

Table 3D

--Brian A-Number Children with 4+ Prescriptions by Age Group January-December 2009--

Number of Brian A. Children By Age Group With 4+ Prescriptions Yearly Average	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
	5337	1226	0	14	36	46	0
January	5400	1193	0	11	45	48	0
February	5439	1174	0	14	34	39	0
March	5385	1254	0	14	40	49	0
April	5380	1248	0	7	30	47	0
May	5324	1242	0	13	36	53	0
June	5265	1219	0	14	40	47	0
July	5252	1227	0	18	36	48	0
August	5343	1240	0	19	35	46	0
September	5399	1207	0	16	37	42	0
October	5357	1254	1	17	36	41	0
November	5281	1220	0	7	30	40	0
December	5219	1237	0	15	28	46	0

Table 4A

**--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2009**

Number of Children with 4+ Prescriptions by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	121	142	116	134	108	119	122	132	128	119	120	94	114
Adjudication													
Dependent/Neglect	91	99	83	98	83	97	97	98	96	92	90	75	86
Delinquent	26	38	29	31	23	17	20	30	28	24	26	17	25
Unruly	4	5	4	5	2	5	5	4	4	3	4	2	3
Gender													
Male	76	97	81	93	62	74	71	83	79	72	79	50	74
Female	44	45	35	41	46	45	51	49	49	47	41	44	40
Age Range													
<= 5	0	0	0	0	0	0	0	1	1	0	2	0	0
6 - 10	17	11	14	14	7	15	17	21	23	23	24	14	20
11 - 14	44	51	39	51	37	44	46	46	45	46	40	35	42
15 - 17	58	77	61	67	62	58	57	63	57	49	52	44	52
18 +	2	3	2	2	2	2	2	1	2	1	2	1	0
Race													
White	93	107	94	107	88	94	100	99	100	90	89	70	82
Black/African American	23	30	17	22	15	21	20	28	23	24	26	20	25
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	1	1	0	0
Multi Racial	3	2	3	4	4	2	2	3	4	3	3	2	6
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	1	3	2	1	1	2	0	2	1	1	1	2	1

Table 4B

**--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2009**

Brian A. Children with 4+ Prescriptions by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	95	104	87	103	84	102	101	102	100	95	94	77	89
Adjudication													
Dependent/Neglect	95	99	83	98	82	97	96	98	96	92	90	75	86
Unruly	4	5	4	5	2	5	5	4	4	3	4	2	3
Gender													
Male	58	67	59	69	47	62	58	62	60	56	60	41	57
Female	37	37	28	34	37	40	43	40	40	39	34	36	32
Age Range													
<= 5	0	0	0	0	0	0	0	1	1	0	2	0	0
6 - 10	16	11	14	14	7	15	17	20	22	22	23	13	19
11 - 14	38	45	35	42	32	39	40	38	37	38	35	33	36
15 - 17	41	48	38	47	45	48	44	43	40	35	34	31	34
Race													
White	75	80	70	83	66	79	83	78	81	76	76	60	69
Black/African American	16	20	13	16	13	19	16	20	15	15	14	13	14
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	3	2	3	3	4	2	2	3	3	3	3	2	5
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Determine	1	2	1	1	1	2	0	1	1	1	1	2	1

Table 4C

**--Statewide-Placement Type Information for Clients with 4+ Prescriptions--
January-December 2009**

	Pharmacy	4+ Clients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total ...	1704	121	142	116	134	108	119	122	132	128	119	120	94	114
Contract Foster Home	37	1	0	0	0	2	0	0	0	0	0	2	1	1
Contract Foster Home Medically Fragile	12	0	0	0	0	0	0	0	0	1	0	0	0	0
Contract Foster Home Therapeutic	75	3	3	2	3	4	5	3	5	3	4	2	2	2
DCS Foster Home	227	7	9	10	11	7	7	8	6	6	6	8	4	4
Expedited Home	12	0	1	0	0	0	0	0	0	0	0	0	1	0
In-Home/Trial Home Visits	92	6	6	11	6	3	4	8	3	8	6	5	5	3
DCS Group Home	20	0	2	1	1	0	0	0	0	0	0	1	0	0
Youth Development Center	5	0	0	0	0	0	0	0	1	0	0	0	0	0
Runaway	3	0	1	0	0	0	0	0	0	1	0	0	0	0
Medical Surgical/In-Patient Psychiatric	4	1	0	0	2	0	2	0	1	2	2	2	0	0
Level 2	9	0	0	1	0	0	0	0	0	0	0	0	0	0
Level 2 Continuum	376	14	15	11	15	16	12	12	13	13	18	12	12	16
Level 2 Special Needs	20	3	6	4	3	2	5	4	4	2	2	2	0	0
Level 2 Special Population	75	2	1	1	4	3	1	2	2	1	2	0	2	3
Level 2 Special Population Enhanced	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Level 3	97	19	16	12	20	8	20	20	21	23	18	24	18	23
Level 3 Continuum	479	46	58	43	44	43	42	52	56	46	45	45	35	43
Level 3 Continuum Special Needs	41	2	2	4	5	2	3	1	1	1	2	1	1	2
Level 3 Special Needs Alcohol & Drugs	14	1	2	2	1	0	0	0	1	1	1	1	0	1
Level 3 Special Needs Sex Offender	17	1	0	0	0	1	2	1	1	1	1	0	0	3
Level 4	59	13	15	13	17	14	14	8	15	17	10	12	9	8
Level 4 Special Needs	8	2	1	1	0	0	0	2	2	1	2	2	4	5
Detention/Emergency Shelter/Primary Treatment Center	18	1	3	0	1	2	2	1	0	1	0	1	0	0
Transitional/Independent Living	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DCS Observation & Assessment Center/Diagnostic, Evaluation, and Assessment	2	0	0	0	1	1	0	0	0	0	0	0	0	0

Table 4D

**--Brian A-Placement Type Information for Clients with 4+ Prescriptions--
January-December 2009**

Placement	Yearly Average													
	Pharmacy	4+ Clients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A Children Total ...	1284	103	96	96	96	102	104	98	120	111	124	104	89	100
Contract Foster Home	41	0	2	0	0	1	0	0	0	0	0	0	0	0
Contract Foster Home Medically Fragile	17	1	2	1	0	2	1	1	1	0	0	0	0	0
Contract Foster Home Therapeutic	57	4	4	2	3	4	5	6	4	6	5	4	4	2
DCS Foster Home	262	9	11	14	11	9	11	6	10	5	7	6	8	11
Expedited Home	16	0	0	0	0	0	0	0	0	2	2	1	0	0
In-Home/Trial Home Visits	83	6	5	4	6	4	2	10	7	9	11	6	3	7
DCS Group Home	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Development Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Runaway	1	0	0	1	0	0	0	0	0	2	0	0	0	0
Medical Surgical/In-Patient Psychiatric	5	1	1	1	0	0	0	0	1	0	1	1	0	2
Level 2	5	0	0	0	0	0	0	0	0	1	0	0	0	0
Level 2 Continuum	335	12	10	12	12	11	14	14	15	11	13	13	9	11
Level 2 Special Needs	21	6	6	6	7	6	6	6	8	5	6	6	6	6
Level 2 Special Population	16	0	0	0	0	1	0	0	0	0	0	0	0	1
Level 2 Special Population Enhanced	0	0	0	0	0	0	0	0	0	1	1	1	0	0
Level 3	44	14	10	10	12	12	15	13	16	18	19	17	12	15
Level 3 Continuum	315	34	29	29	34	37	38	31	41	36	32	40	33	31
Level 3 Continuum Special Needs	21	4	5	5	3	5	4	4	5	4	3	2	3	1
Level 3 Special Needs Alcohol & Drugs	4	0	0	0	0	0	0	0	0	0	0	0	0	0
Level 3 Special Needs Sex Offender	1	1	0	0	0	0	0	0	1	1	2	2	0	1
Level 4	26	9	11	11	8	9	8	6	9	11	18	5	8	9
Level 4 Special Needs	1	1	0	0	0	0	0	0	0	0	2	1	2	2
Detention/Emergency Shelter/Primary Treatment Center	7	0	1	0	0	1	0	0	1	0	2	0	0	0
Transitional/Independent Living	1	0	0	0	0	0	0	0	0	0	0	0	0	0
DCS Observation & Assessment Center/Diagnostic, Evaluation, and Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 5A

**--Statewide-Unique Children in DCS Custody--
January-December 2009**

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Calendar Year (January - December 2009)				
					Average				
					Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	13303	3978	415	336	13.5	7.8	5.1	3.5	1.7
Adjudication									
Dependent/Neglect	9621	2484	280	289	12.1	8.3	5.7	3.9	1.7
Delinquent	3421	1374	120	35	15.9	6.7	4.2	2.6	1.6
Unruly	255	120	15	12	15.0	7.3	5.0	3.1	1.7
Gender									
Male	7828	2530	244	215	13.5	7.6	5.1	3.8	1.7
Female	5475	1448	171	121	13.5	8.1	5.2	3.1	1.7
Age Range									
<= 5	3734	255	3	6	3.3	8.5	4.0	1.3	1.2
6 - 10	1838	535	47	83	8.1	8.3	6.0	4.3	1.6
11 - 14	2152	942	122	133	12.9	8.5	6.4	4.3	1.8
15 - 17	5296	2149	235	114	16.1	7.3	4.6	3.0	1.7
18 +	283	97	8	0	18.0	5.8	2.6	2.5	1.6
Race									
White	8287	2691	309	253	13.4	7.8	5.3	3.6	1.7
Black/African American	4139	1095	83	67	14.0	7.7	4.8	3.3	1.6
American Indian/Alaska Native	30	6	0	0	9.2	6.3	3.5		1.6
Asian	27	4	1	0	16.5	5.3	3.5	2.0	1.5
Multi Racial	356	93	13	12	11.8	8.4	5.8	2.9	1.7
Native Hawaiian/Other Pacific Islander	10	1	0	0	17.0	5.0	3.0		1.3
Unable to Determine	454	88	9	4	12.7	7.2	4.5	1.9	1.5

* This number was obtained by selecting all children in DCS custody on January 1, 2009 and adding all admissions to DCS from January 1 – December 31, 2009.

Table 5B

**--Brian A.-Unique Children in DCS Custody--
January –December 2009**

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Calendar Year (January - December 2009)				
					Average				
					Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Prescriptions
Total ...	9876	2604	295	301	12.2	8.3	5.7	3.8	1.7
Adjudication									
Dependent/Neglect	9621	2484	280	289	12.1	8.3	5.7	3.9	1.7
Unruly	255	120	15	12	15.0	7.3	5.0	3.1	1.7
Gender									
Male	4989	1449	160	186	11.7	8.3	5.9	4.3	1.7
Female	4887	1155	135	115	12.8	8.3	5.4	3.3	1.6
Age Range									
<= 5	3734	255	3	6	3.3	8.5	4.0	1.3	1.2
6 - 10	1836	534	46	83	8.1	8.3	6.0	4.3	1.6
11 - 14	1722	739	101	123	12.7	8.7	6.6	4.4	1.8
15 - 17	2584	1076	145	89	16.0	7.9	5.2	3.4	1.8
Race									
White	6505	1876	223	231	12.2	8.3	5.7	4.0	1.7
Black/African American	2637	581	53	55	12.6	8.4	5.5	3.5	1.6
American Indian/Alaska Native	26	6	0	0	9.2	6.3	3.5		1.6
Asian	17	2	0	0	16.5	5.0	2.5		1.0
Multi Racial	302	71	11	11	10.5	8.8	6.3	3.2	1.7
Native Hawaiian/Other Pacific Islander	8	0	0	0	0.0	0.0	0.0	0.0	0.0
Unable to Determine	381	68	8	4	12.0	7.3	4.6	1.8	1.6

*** This number was obtained by selecting all children in DCS custody on January 1, 2009 and adding all Brian A admissions to DCS from January 1 – December 31, 2009.**

Table 6**Drug Listing**

Drug Listed on BCBS File	Drug Name	Drug Class
ATENOLOL	ATENOLOL	Anti-Hypertensives
CATAPRES-TTS 1	CATAPRES-TTS 1	Anti-Hypertensives
CLONIDINE HCL	CLONIDINE	Anti-Hypertensives
GUANFACINE HCL	GUANFACINE	Anti-Hypertensives
PROPRANOLOL	PROPRANOLOL	Anti-Hypertensives
BENZTROPINE MESYLATE	BENZTROPINE MESYL	Anticholinergic
AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	Antidepressants
CELEXA	CELEXA	Antidepressants
CITALOPRAM	CELEXA	Antidepressants
CITALOPRAM HBR	CELEXA	Antidepressants
`CYMBALTA	CYMBALTA	Antidepressants
DOXEPIN HCL	DOXEPIN HCL	Antidepressants
EFFEXOR XR	EFFEXOR	Antidepressants
VENLAFAXINE HCL	EFFEXOR	Antidepressants
FLUOXETINE HCL	FLUOXETINE	Antidepressants
FLUVOXAMINE MALEATE	FLUVOXAMINE	Antidepressants
IMIPRAMINE HCL	IMIPRAMINE	Antidepressants
IMIPRAMINE PAMOATE	IMIPRAMINE	Antidepressants
TOFRANIL-PM	IMIPRAMINE	Antidepressants
LEXAPRO	LEXAPRO	Antidepressants
MIRTAZAPINE	MIRTAZAPINE	Antidepressants
NORTRIPTYLINE HCL	NORTRIPTYLINE	Antidepressants
PAROXETINE HCL	PAXIL	Antidepressants
TRAZODONE HCL	TRAZODONE HCL	Antidepressants
BUDEPRION SR	WELLBUTRIN	Antidepressants
BUPROPION HCL	WELLBUTRIN	Antidepressants
WELLBUTRIN XL	WELLBUTRIN	Antidepressants
SERTRALINE HCL	ZOLOFT	Antidepressants
BENADRYL	DIPHENHYDRAMINE	Antihistamines
HYDROXYZINE HCL	HYDROXYZINE	Antihistamines
HYDROXYZINE PAMOATE	HYDROXYZINE	Antihistamines
ABILIFY	ABILIFY	Antipsychotics
CHLORPROMAZINE HCL	CHLORPROMAZINE	Antipsychotics
CLOZAPINE	CLOZAPINE	Antipsychotics
GEODON	GEODON	Antipsychotics
HALOPERIDOL	HALOPERIDOL	Antipsychotics
HALOPERIDOL LACTATE	HALOPERIDOL	Antipsychotics
PERPHENAZINE	PERPHENAZINE	Antipsychotics
ORAP	PIMOXIDE	Antipsychotics
RISPERDAL	RISPERDAL	Antipsychotics
RISPERDAL CONSTA	RISPERDAL	Antipsychotics
RISPERIDONE	RISPERDAL	Antipsychotics
SEROQUEL	SEROQUEL	Antipsychotics
ZYPREXA	ZYPREXA	Antipsychotics
ZYPREXA ZYDIS	ZYPREXA	Antipsychotics
BUSPIRONE HCL	BUSPIRONE	Miscellaneous
CAMPRAL	CAMPRAL	Miscellaneous
DDAVP	DDAVP	Miscellaneous

Drug Listed on BCBS File	Drug Name	Drug Class
METHADONE HCL	METHADONE	Miscellaneous
STRATTERA	STRATTERA	Miscellaneous
CARBAMAZEPINE	CARBAMAZEPINE	Mood Stabilizers
CARBATROL	CARBAMAZEPINE	Mood Stabilizers
TEGRETOL XR	CARBAMAZEPINE	Mood Stabilizers
DEPAKOTE	DEPAKOTE	Mood Stabilizers
DEPAKOTE ER	DEPAKOTE	Mood Stabilizers
DEPAKOTE SPRINKLE	DEPAKOTE	Mood Stabilizers
DIVALPROEX SODIUM	DEPAKOTE	Mood Stabilizers
VALPROIC ACID	DEPAKOTE	Mood Stabilizers
GABAPENTIN	GABAPENTIN	Mood Stabilizers
NEURONTIN	GABAPENTIN	Mood Stabilizers
KEPPRA	KEPPRA	Mood Stabilizers
LAMICTAL	LAMOTRIGINE	Mood Stabilizers
LAMOTRIGINE	LAMOTRIGINE	Mood Stabilizers
LITHIUM CARBONATE	LITHIUM CARBONATE	Mood Stabilizers
LITHIUM CITRATE	LITHIUM CARBONATE	Mood Stabilizers
TOPAMAX	TOPAMAX	Mood Stabilizers
OXCARBAZEPINE	TRILEPTAL	Mood Stabilizers
TRILEPTAL	TRILEPTAL	Mood Stabilizers
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMIT	PERPHENAZINE-AMITR
ALPRAZOLAM	ALPRAZOLAM	Sedative-Hypnotics
ZOLPIDEM TARTRATE	AMBIEN	Sedative-Hypnotics
CHLORAL HYDRATE	CHLORAL HYDRATE	Sedative-Hypnotics
CLONAZEPAM	CLONAZEPAM	Sedative-Hypnotics
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOT	Sedative-Hypnotics
DIAZEPAM	DIAZEPAM	Sedative-Hypnotics
LORAZEPAM	LORAZEPAM	Sedative-Hypnotics
LORAZEPAM INTENSOL	LORAZEPAM INTENSO	Sedative-Hypnotics
LUNESTA	LUNESTA	Sedative-Hypnotics
MIDAZOLAM HCL	MIDAZOLAM	Sedative-Hypnotics
OXAZEPAM	OXAZEPAM	Sedative-Hypnotics
TEMAZEPAM	RESTORIL	Sedative-Hypnotics
ROZEREM	ROZEREM	Sedative-Hypnotics
TRIAZOLAM	TRIAZOLAM	Sedative-Hypnotics
ADDERALL	ADDERALL	Stimulants
ADDERALL XR	ADDERALL	Stimulants
AMPHETAMINE SALT COMBO	ADDERALL	Stimulants
DEXTROAMPHETAMINE SULFATE	DEXEDRINE	Stimulants
CONCERTA	METHYLPHENIDATE	Stimulants
DAYTRANA	METHYLPHENIDATE	Stimulants
FOCALIN	METHYLPHENIDATE	Stimulants
FOCALIN XR	METHYLPHENIDATE	Stimulants
METADATE CD	METHYLPHENIDATE	Stimulants
METADATE ER	METHYLPHENIDATE	Stimulants
METHYLIN	METHYLPHENIDATE	Stimulants
METHYLIN ER	METHYLPHENIDATE	Stimulants
METHYLPHENIDATE ER	METHYLPHENIDATE	Stimulants
METHYLPHENIDATE HCL	METHYLPHENIDATE	Stimulants
RITALIN LA	METHYLPHENIDATE	Stimulants
PROVIGIL	PROVIGIL	Stimulants

APPENDIX K

Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion on pages 81-87 of this monitoring report regarding exits to permanency.

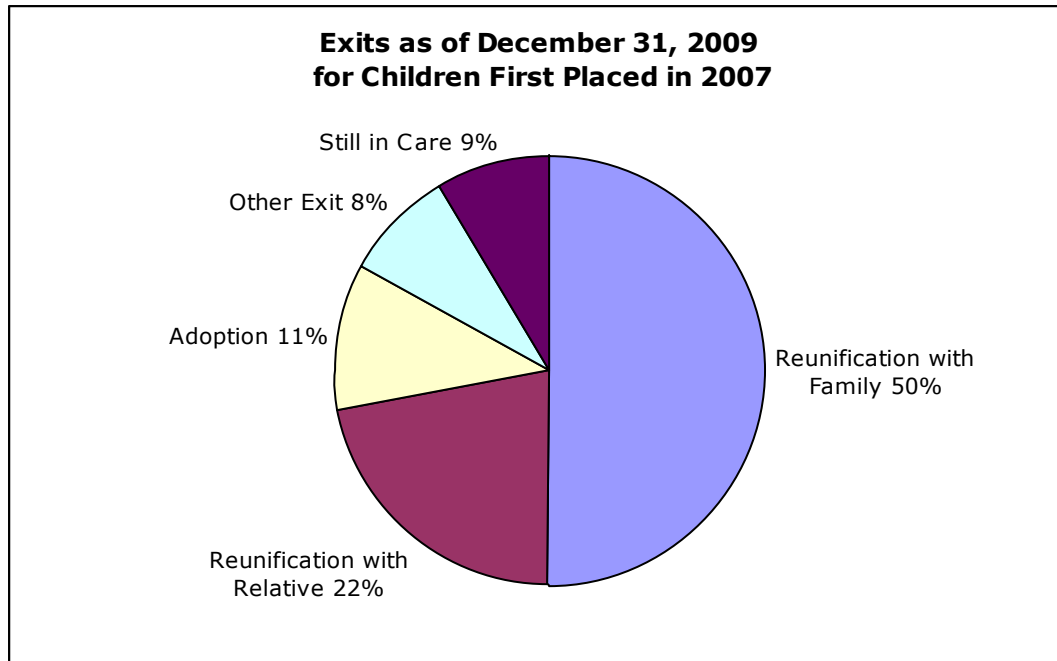
A. Exits for 2007 Entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, the figure below shows the percentage of children first entering out-of-home placement in 2007 who have exited to each exit type as of December 31, 2009. Children exiting to Reunification represent by far the largest percentage of exits. As of December 31, 2009, half (50%) of the children entering care in 2007 had exited to Reunification with Family, 22% had exited to Reunification with Relatives, 11% had exited to Adoption, 8% had experienced some other non-permanent exit, and 9% remained in care.¹

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.²

¹ It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate “exit type” percentages for the 2007 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

² The December 2008 Monitoring Report presented these data as of April 30, 2008 for children entering out-of-home placement in 2006. By April 30, 2008, 48% of children entering in 2006 had exited to reunification with family, 22% to reunification with a relative, and 5% to adoption. Six percent (7%) experienced some other non-permanent exit, and 18% were still in out-of-home placement. However, the data presented above for the 2007 entry cohort cannot be directly compared to that for the 2006 entry cohort presented in the previous monitoring report because exits were observed over a longer period (a maximum of 36 months) for the 2007 entry cohort than they were for the 2006 entry cohort (a maximum of 28 months), allowing an additional eight months to observe exits for the 2007 entry cohort.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.

B. Interrelationship between Exit Type and Length of Stay for Children Placed 2002 to 2007

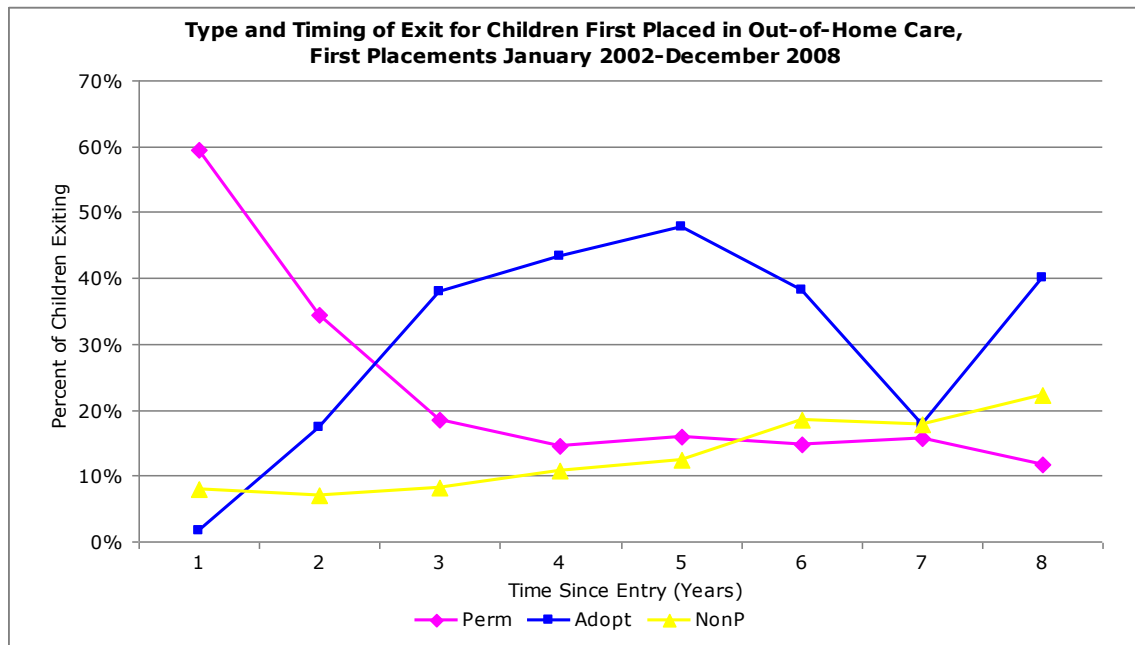
The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. The figure below shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. The points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and so on.

Displaying the three exit probabilities together—adoption, reunification with family or relative (permanent exits), and other exits (non-permanent exits, primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the pink line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the first year and drops significantly in subsequent years. Adoptions (the blue line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a “family exit”—a return to the child’s birth family or a relative. Between 50-60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through December 31, 2009.

APPENDIX L

Family Preservation and Reunification Efforts by Region

Family Preservation and Reunification Services by Region

The table below presents the dollars currently available to provide in-home services both for children/youth prior to custody and to support some post-custody efforts.

Allot Code	Program	Vendor	Service Type	Begin Date	End Date	Maximum Liability	FY 2010 Liability
35930	Custody Services	Youth Villages	Parent Support Programs	7/1/2009	6/30/2010	2,118,150.00	2,118,150.00
Multi	Therapeutic Family Preservation	Tennessee Family and Child Alliance	Therapeutic Family Preservation - Davidson County	8/1/2009	7/31/2014	1,675,000.00	325,000.00
Multi	Therapeutic Family Preservation	Foothills Care, Inc.	Therapeutic Family Preservation - East	6/15/2009	6/14/2014	2,267,000.00	425,500.00
Multi	Therapeutic Family Preservation	Family Menders	Therapeutic Family Preservation - Hamilton County	7/1/2009	6/30/2014	1,000,000.00	200,000.00
Multi	Therapeutic Family Preservation	Foothills Care, Inc.	Therapeutic Family Preservation - Knox Region	7/1/2009	7/1/2014	2,900,000.00	560,000.00
Multi	Therapeutic Family Preservation	Tennessee Family and Child Alliance	Therapeutic Family Preservation - Mid-Cumberland	6/15/2009	6/14/2014	3,373,480.00	651,179.82
Multi	Therapeutic Family Preservation	Community Impact Alliance, LLC	Therapeutic Family Preservation - Northeast	7/1/2008	6/14/2014	2,605,585.00	500,000.00
Multi	Therapeutic Family Preservation	S/S Wolfe Counseling	Therapeutic Family Preservation - Northwest	1/1/2008	6/30/2012	1,550,000.00	325,000.00
Multi	Therapeutic Family Preservation	Exchange Club Family Center- Mid South	Therapeutic Family Preservation - Shelby County	8/1/2009	7/31/2014	3,150,000.00	600,000.00
Multi	Therapeutic Family Preservation	Child and Family Tennessee	Therapeutic Family Preservation - Smoky	7/1/2009	6/30/2014	2,100,000.00	420,000.00
Multi	Therapeutic Family Preservation	Tennessee Family and Child Alliance	Therapeutic Family Preservation - South Central	8/1/2009	7/31/2014	2,187,500.00	407,500.00
Multi	Therapeutic Family Preservation	Family Menders	Therapeutic Family Preservation - Southeast	7/1/2009	6/30/2014	590,000.00	118,000.00
Multi	Therapeutic Family Preservation	S/S Wolfe Counseling	Therapeutic Family Preservation - Southwest	8/1/2009	7/31/2014	2,040,000.00	390,000.00
35920	Therapeutic Family Preservation	Alliance for Quality Child and Family Services	Therapeutic Family Preservation - Upper Cumberland	1/1/2008	6/30/2012	3,133,200.00	695,040.00

APPENDIX M

Placement Exception Request Form

[illegible]

PART IV - TYPES OF EXCEPTIONS

NOTE: Once licensing standards are promulgated they have the force of law and may not be waived (see Licensing Standards for Child Placing Agencies, 1240-4-9-.07(5)). Exception request approvals only address best practice standards and do not affect licensure standards. For exception request placements not conducted within the Child & Family Team Meeting (CFTM) framework, a CFTM must be convened within seven (7) days of the placement being made.

CHECK ALL THAT APPLY BELOW:

☐ 41. Shelter/Primary Treatment Center (PTC) placement in excess of thirty (30) days.

Standard: No child shall remain in emergency or temporary facilities/emergency shelters for more than thirty (30) days.

Note: This placement standard has no exceptions that comply with best practice standards.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**

☐ 42. Multiple shelter/PTC placements.

Standard: No child shall be placed in more than one (1) shelter or other emergency or temporary placement within any 12-month period. An exception for up to five (5) days for runaway children shall apply. An exception for children facing a direct threat to their safety, or who present a threat to the safety of others, shall apply. An exception for up to fifteen (15) days for children requiring placement for the purpose of assessing placement needs as a result of significant behavioral changes shall apply.

☐ **I. Compliant with best practice standards.**

☐ **A.** This request meets the best practice standards for placement exception because the placement is for an apprehended runaway and shall not exceed five (5) days.

☐ **B.** This request meets the best practice standards for placement exception because the placement is for a child who faces a direct threat to his or her safety or who is a direct threat to the safety of others.

☐ **C.** This request meets the best practice standards for placement exception because the Regional Administrator certifies that the placement is to assess a child who requires placement as a result of significant behavioral changes and certifies that the placement shall not exceed fifteen (15) days.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**

☐ 43. No child placed in detention.

Standard: No child in DCS physical or legal custody in foster care shall be placed, by DCS or with knowledge of DCS, in a jail, correctional or detention facility unless such child has been charged with a delinquency charge or unless otherwise placed or ordered by the court.

NOTE: Item # 51 **MUST** also be selected whenever a child is placed in detention. **Detentions have capacities in excess of eight (8).**

☐ **I. Compliant with best practice standards.**

☐ **A.** Child has been charged with a delinquency charge by the courts.

☐ **B.** Child was placed or ordered into detention by the court.

☐ **II. Non-Compliant with best practice standards.** (Provide justification item # 61). This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A.** Child is in the plaintiff class and was **not** placed in detention by the courts. Complete **VI - CERTIFIED ASSURANCES (64)**

☐ 44. Placement not within the region or 75 miles.

Standard: Children must be placed within their own region or within a 75 mile radius of the home through which the child entered custody unless the child's needs are so exceptional that they cannot be met by a family or facility within the region, the child's permanency calls for reunification with parents who reside outside the region, or placement is with a relative outside the region.

☐ **I. Compliant with best practice standards.**

☐ **A.** This request meets the best practice standards for placement because the child's needs are so exceptional that they cannot be met by a family or facility within the region.

☐ **B.** This request meets the best practice standards for placement because the child's permanency calls for reunification with parents who reside outside the region.

☐ **C.** This request meets the best practice standards for placement because the placement is with a relative outside the region.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are neither appropriate placements within the region nor appropriate placements outside the region that meet the standard for best practice placement. Complete **VI - CERTIFIED ASSURANCES (64)**

☐ **45. Siblings placed apart.**

Standard: Siblings shall be placed together. An exception applies in cases in which it would be harmful for one or more of the siblings to be placed together. An exception applies in cases in which a sibling has such exceptional needs that they can only be met in a specialized program or facility. An exception applies in cases in which the size of the sibling group makes placement together impractical notwithstanding diligent efforts to place them together.

☐ **I. Compliant with best practice standards.**
☐ **A.** This request meets the best practice standards for placement because this child or this child's sibling would be harmed if the siblings were placed together.

☐ **B.** This request meets the best practice standards for placement exception because this child has such exceptional needs that can only be met in this specialized program or facility.

☐ **C.** This request meets the best practice standards for placement exception because the size of the sibling group makes placement together impractical notwithstanding the diligent efforts that were expended to place them together.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**
☐ **46. Child under age six (6) placed in a congregate group home.**

Standard: No child under six (6) shall be placed in congregate care (i.e. a group care, non resource family home setting). An exception shall apply in cases in which the Regional Administrator personally certifies that the child has exceptional needs, which cannot be met in any other type of placement.

☐ **I. Compliant with best practice standards.**
☐ **A.** This request meets the best practice standards for placement exception because the Regional Administrator personally certifies that the child has exceptional needs which cannot be met in any other type of placement. The services that will be provided to meet the child's individual needs are stated below.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**
☐ **47. More than three (3) foster children in the home.**

Standard: No child shall be placed in a resource home if that placement will result in more than three (3) foster children in the home. An exception in the best interests of the child (as documented in the child's file) shall apply. An exception for the placement of a sibling group in a resource home with no other children in the home shall also apply.

☐ **I. Compliant with best practice standards.**
☐ **A.** This request meets the best practice standards for placement exception because the placement is for a child who is part of a sibling group placed in a resource home, with no other children in the home.

☐ **B.** This request meets best practice standards for a placement exception because the placement is in the best interests of the child.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**
☐ **48. More than six (6) children total in the resource home.**

Standard: No child shall be placed in a resource home if that placement will result in more than six (6) children (including natural and adopted children) in the home. An exception in the best interests of the child (as documented in child's file) shall apply. An exception for the placement of a sibling groups in a resource home with no other children in the home shall also apply.

☐ **I. Compliant with best practice standards.**
☐ **A.** This request meets the best practice standards for placement exception because the placement is in the best interests of the child.

☐ **B.** This request meets the best practice standards for placement exception because the placement is a sibling group in a resource home with no other children.

☐ **II. Non-Compliant with best practice standards.** This request fails to meet the best practice standards for placement exception but is made nonetheless because:

☐ **A. Resource Limitations.** The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete **VI - CERTIFIED ASSURANCES (64)**

<input type="checkbox"/> 49. More than three (3) children in a resource home under age three (3). Standard: No child shall be placed in a resource home if that placement will result in more than three (3) children under the age of three in the home. An exception in the best interests of the child (as documented in child's file) shall apply.	
<input type="checkbox"/> I. Compliant with best practice standard.	<input type="checkbox"/> A. This request meets the best practice standards for placement exception because the placement is in the best interest of the child. <input type="checkbox"/> B. This request meets the best practice standards for placement exception because the placement is a sibling group in a resource home with no other children.
<input type="checkbox"/> II. Non-Compliant with best practice standard. This request fails to meet the best practice standards for placement exception but is made nonetheless because:	<input type="checkbox"/> A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete VI - CERTIFIED ASSURANCES (64)

<input type="checkbox"/> 50. More than two (2) therapeutic/medically fragile (MF) children in a resource home. Standard: No child with therapeutic/MF needs shall be placed in a resource home if that placement will result in more than two (2) children with therapeutic/MF needs in the home. An exception shall apply for sibling placements. An exception shall apply for children with documented exceptional needs that cannot be met in any other type of placement.	
<input type="checkbox"/> I. Compliant with best practice standard.	<input type="checkbox"/> A. This request meets best practice standard for placement exception because the placement is made to keep a sibling group together. <input type="checkbox"/> B. This request meets best practice standard for placement exception because the child has exceptional needs that can only be met in this therapeutic resource home. The services that will be provided to meet the child's individual needs are stated in the justification.
<input type="checkbox"/> II. Non-Compliant with best practice standard. This request fails to meet the best practice standards for placement exception but is made nonetheless because:	<input type="checkbox"/> A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete VI - CERTIFIED ASSURANCES (64)

<input type="checkbox"/> 51. Child placed in a residential treatment center or group care setting with capacity in excess of eight (8) children. Standard: No child shall be placed in a residential treatment center or any other group care setting with a capacity in excess of eight (8) children. An exception shall apply in cases in which the Regional Administrator personally certifies that the specific placement is the least restrictive option that will meet the child's individual needs and includes a description of the services in the facility that address those needs.	
<input type="checkbox"/> I. Compliant with best practice standard.	<input type="checkbox"/> A. This request meets the best practice standards for placement exception because the Regional Administrator personally certifies that this specific placement is the least restrictive option that will meet the child's individual needs. The services that will be provided to meet the child's individual needs are stated below.
<input type="checkbox"/> II. Non-Compliant with best practice standard. This request fails to meet the best practice standards for placement exception but is made nonetheless because:	<input type="checkbox"/> A. Resource Limitations. The request is made because there are no appropriate placement resources available that comply with best practice placement standards. Complete VI - CERTIFIED ASSURANCES (64) <input type="checkbox"/> B. Detention Placement. Child is in the plaintiff class and was not placed in detention by the courts or adjudicated delinquent. Complete VI - CERTIFIED ASSURANCES (64)

PART V – DETAILED JUSTIFICATION OF PLACEMENT

52. a. Is this a relative placement? If yes, has the expedited approval occurred? Provide details in section a. below. b. If not a relative placement, identify the reasons/barriers why the child was not placed with family/kin (grandmother, aunt, cousin, uncle, etc). List specific actions taken to find kinship or relative placements in section b. below.
a.
b.

53. Was the placement decision reached within the context of a Child & Family Team Meeting (CFTM)? If not, explain. What were the recommendations of the CFTM?

54. Were the parents or caretaker and the Family Service Worker (FSW) in agreement with this decision? If not, explain:

55. a. Was the CANS administered? If yes, please detail the date the assessment was conducted along with the corresponding results. Was the resulting placement in accordance with the CANS recommendation? If not, why?
b. If the CANS was not administered, explain why the CANS was not used and document how the placement decision was made.

a.

b.

56. List all available resources contacted that would have made this placement compliant. Detail the reasons why the compliant resource was not selected.

57. Will the placement selected be stable and directly support the child's need for permanency? Answer yes if (i) this placement is expected to be the only placement prior to reunification or (ii) the placement would be an appropriate sole or concurrent permanency option if the circumstances so indicate.

58. If this placement is not the optimal placement and is being sought because more appropriate options are not available, indicate the types of placement and service options that are in short supply in your region. If you believe this is an isolated instance and that the more appropriate placement and service options are usually available, then so indicate.

59. Other than respite, is this exception for over-crowding a resource home? If it is over-crowding, detail the rationale for over-crowding the home.

60. Is this an emergency/temporary placement? If it is an emergency/temporary placement provide details as to the reason for the emergency placement and the date the emergency/temporary placement is scheduled to end.

61. Was this child in the office overnight? If yes, explain in detail.

62. Describe briefly the visitation plans developed for the child between parents, siblings, Family Service Worker (FSW), etc.

63. Detailed Justification for the placement:

VI - CERTIFIED ASSURANCES (64)

The person(s) requesting this proposed placement exception provides the following assurances:

Non-Compliant Resource Limitation Placements Assurances

DCS assures that this placement will be reviewed within three (3) weeks at the next CFTM. The CFTM is scheduled for:

DCS assures that an interim visitation plan is in place and is included in the case file.

☐

DCS assures that this is not a request for a placement in a jail or secure detention or correctional facility.

☐

DCS assures that this placement will not commingle children with an assessed risk for violence or sexual assault with children who do not possess a risk for violence or sexual assault?

☐

APPROVED BY:

65. Per was generated by:

66. Name of Provider:

67. DCS Regional Administrator Signature:

68. Regional Administrator Name:

69. Date:

70. DCS Regional Administrator Verbal Approval:

71. Date/Time of Verbal Approval:

NOTE: Exception requests approved verbally must note time and date and be signed by the RA within 72 hours of placement. The RA MUST approve the exception prior to placement regardless of who completed the document (DCS or provider).

REVIEWED BY:

72. Record the names of all CFTM Participants:

73. Date:

74. Record the names of all CFTM Participants:

75. Date:

APPENDIX N

Report of Findings of InTERdependent Living Targeted Case File Review

Report of Findings of InTERdependent Living Targeted Case File Review

September 1, 2010

I. Introduction

The InTERdependent Living (IL) Targeted Case File Review was designed to examine the extent to which assessment, case planning and service provision for older youth in DCS custody is meeting the case work standards which the Department has established in response to the provisions of the Settlement Agreement, the findings and recommendations of *Needs Assessment III*, and the requirements of older-youth specific provisions of federal law.

A. Settlement Agreement Provisions and Related Policies

The general provisions of the *Brian A.* Settlement Agreement related to assessment, case planning and service provision (primarily those in sections VI.D,E , VII, and VIII.C) apply with equal force to older youth. In addition, the Settlement Agreement includes a variety of provisions (and policies generated pursuant to those provisions) which require a higher level of active participation in and responsibility for planning and decision making based on age (for example, required presence of older youth at Child and Family Team Meetings and increased rights and responsibilities of older youth to make health care decisions). The Settlement Agreement also includes a provision specific to older youth, requiring that DCS “shall have a full range of independent living services and shall provide sufficient resources to provide independent living services to all youth in the plaintiff class who qualify for them.” (VI.I).

In order to ensure that assessment, case planning and service provision for older youth address their “independent living needs”—the services and supports necessary to allow older foster youth to successfully transition to adulthood—DCS has adopted a number of policies specific to older youth. Policy 16.51 describes the “Interdependent Living Plan” (ILP) as a “section of the Permanency Plan for all youth in state custody age fourteen (14) and older” and places the responsibility on the case manager “to develop this plan along with the Permanency Plan.” The policy further specifies that:

“specific emphasis must be paid to the youth or young adult’s input and preferences in its development. The integration of goals that project the youth or young adult’s increasing ability to manage all aspects of their own lives self-sufficiently, with all available options for the establishment of legal, physical and relational permanency and support, is essential.”

B. Needs Assessment III Findings

The Settlement Agreement (VI.A) requires the Department to conduct a Needs Assessment with annual updates (collectively referred to as the annual needs assessments) and requires the Department to implement the recommendations that result from the annual needs assessments.

Needs Assessment III focused on the Department's efforts to meet the needs of adolescent foster youth. *Needs Assessment III* identified three broad areas for improving outcomes, recommending that the Department:

- strengthen youth engagement and build a youth voice infrastructure;
- redefine the work of the Independent Living Division by integrating preparation for adulthood and relational permanency²¹ efforts; and
- collaborate with other state agencies and external partners to build a system supporting successful youth transition to adulthood.

Needs Assessment III found considerable variation in the extent to which older youth were accessing services and supports for which they were or should have been eligible. In some situations those services had not been readily available; in others there had been bureaucratic obstacles to accessing the services (including policies that restricted eligibility beyond what was required by state and federal law). A major impediment to older youth receiving independent living services has been a lack of knowledge among case managers and supervisors, resource parents and private provider staff, and among the youth themselves about available services and the means for accessing them. Whatever the reasons, *Needs Assessment III* found that a significant number of eligible youth were not getting all of the services to which they were entitled and/or were not receiving those services in a timely manner.

Among the specific findings of Needs Assessment III were the following:

- Numerous problem cases reflected a failure to prepare a young person to participate in the Child and Family Team (CFT) process and a failure to place that young person at the center of his or her own team, surrounded by supports (including those of the youth's own choosing).
- When administered, the Daniel Memorial Assessment (assessing preparation to adulthood skills) typically was not used by the involved case managers and was not integrated into the broader assessment and planning processes.
- Independent Living Plans, required at age 16, were not being routinely done or, if they had been done, they were often insufficient or were not integrated into or parallel with other plans (such as permanency plans, Individualized Education Plans, and the like).
- Independent Living Program services were not oriented toward building lasting relationships that support preparation for adulthood and were not integrated with permanency services.
- There was little use of IL wraparound funds for preparation for adulthood of younger adolescents in custody who may or may not age out of care. As a consequence, little in the way of concrete resources was being expended to help normalize the experience of youth in custody.

²¹ The term "relational permanency" refers to the establishment of enduring connections to supportive, caring adults without the formal family relationship that is denoted by the "legal permanency" options such as reunification, adoption, or subsidized permanent guardianship.

- Particularly for mental health services, inherent difficulties in transitioning from one system to another were being made more difficult by the fact that there was little state-level coordination, as services are provided by Community Mental Health Centers.
- While IL staff generally seemed knowledgeable about traditional preparation for adulthood services and post-secondary supports, they could not on their own successfully transition youth to adulthood, especially given the agency's recognition that a long-term connection to a caring adult is an essential element of successful transition.
- A substantial number of older youth had behavioral and emotional problems.

In response to the findings and recommendations of *Needs Assessment III*, the Department developed an InTERdependent Living Strategic Plan²² in 2007. The Strategic Plan was organized around goals in five areas:

- educational attainment;
- housing;
- establishment of permanent connections;
- community engagement; and
- establishment of comprehensive mental health services for transitioning youth.

In accordance with that plan, the Department has revised its IL related policies (incorporating a number of improvements recommended by older youth themselves), has switched to the Ansell-Casey Life Skills Assessment (ACLSA) (which is web-based, in multiple languages, and provides individualized feedback that can more easily inform case planning); has integrated the InTERdependent Living Plan (ILP) into the Permanency Plan; and has created a “technological fix” to help ensure that all older youth receive an ACLSA assessment and ILP (before a permanency plan can be generated for an older youth, an ACLSA assessment date must be entered in TNKids and entries must be made in relevant ILP fields).

Most significantly, the Department has made the focus for case planning for older youth “permanency and successful transition to adulthood” not “permanency or successful transition to adulthood.” While in the past, IL services had been viewed as an “alternative to permanency”—a kind of consolation prize for those older youth for whom the Department had failed to find permanent families—now preparation for adulthood and provision of IL services to support that preparation is to be considered in the context of the major emphasis on “fostering permanent connections,” through either “legal permanency” or “relational permanency.” The Department has embraced in its policy a philosophy that a youth is never too old to find permanency, and that there is no more important contributor to successful preparation for/transition to adulthood than having those personal family or family like connections that will last into adulthood.

²² The Department renamed what had formerly been referred to as Independent Living, because the term “inTERdependent living” was considered more consistent with the Department’s vision for older youth transitioning to adulthood. The “TER” is an acronym for Teaming to Engage Resources.

II. Methodology

The 2009 InTERdependent Living Targeted Case File Review focused on a recent cohort of IL eligible youth.

The Review was designed to help answer four specific questions related to assessment, planning and service provision:

- Are Independent Living Skills Assessments being uniformly administered for all older youth?
- Do all older youth have Independent Living Plans (ILPs)?
- To what extent are the IL needs being identified and addressed in ILPs?
- Are youth actually receiving services to address their IL needs?

In addition, the review gathered information on the youth's progress toward/prospects for legal permanency or "relational permanency" and examined the impact of permanency on IL planning and service provision.

Finally, the review sought to arrive at a judgment about the "overall quality" of assessment, planning and service provision in each case and to rate that overall quality of case practice in one of three categories: clearly acceptable, marginal, or clearly unacceptable.

A. Selecting the Cases to Be Reviewed

Using the January 2009 "*Brian A. Mega Report*", the TAC Monitoring Staff identified all youth ages 16 and 17 who were in custody during the month of January 2009. The total population falling within these parameters was 1174 youth. The staff chose a sample size of 89, which provides a 95% confidence level with a margin of error of $\pm 10\%$. To ensure that the results of the review accurately accounted for practice across regions, a minimum of four cases were reviewed in each region, which increased the sample size to 90. An additional 28 cases (two cases per region and an additional 2 from one region) were requested to allow substitution if for some reason one of the original cases had to be excluded from the review.²³

²³ Nine of the original 90 cases in the sample and one of the extra cases could not be reviewed for the following reasons: two youth were adopted and the case records were sealed; one youth was incorrectly listed as a *Brian A.* class member on the January 2009 "*Brian A. Mega Report*"; five youth were on runaway for an extended period of time making it difficult to do quality case planning and provide services; one youth was diagnosed with severe mental retardation, autism, and was non verbal, so traditional IL planning was not possible; and one file that was requested was not sent by the region. (In Shelby, three cases from the sample and one of the extra cases could not be reviewed and therefore, two additional cases were subsequently requested from that region.) When a case was excluded in a region, the extra case that most closely resembled the excluded case was chosen to replace it. In deciding which case most closely resembled the case being replaced, the following were considered: length of custody, permanency goals, age, race, gender, placement, and case details. The records were reviewed by the TAC Monitoring Staff over a five month period beginning in April 2009.

B. The Review Protocol

The Protocol required reviewers to examine the quality of assessment, case planning and service provision in each of the eight domains specified in the Independent Living Plan (ILP)²⁴:

- Education,
- Housing and Home Life,
- Health/Mental Health and Self Care,
- Transportation,
- Life Skills and Daily Living,
- Finances and Money Management,
- Career Planning and Work Life, and
- Support: Social Relationships and Communication Skills.

In evaluating the quality of work in each of these domains, reviewers relied on the expectations established by DCS policy (discussed further in section III below).

In March 2009, reviewers “piloted” the protocol by reviewing a small number of cases from the Davidson region and made revisions. The protocol was revamped in June 2009, and cases reviewed prior to June were reviewed again using the final protocol.

One member of the TAC Monitoring Staff read each of the completed protocols to check for inconsistencies within the reviewers’ responses. When inconsistencies were found, reviewers referred back to the file to make corrections as needed. In addition, group discussions were held after each region’s review to make certain that reviewers were interpreting questions and scoring cases in the same way. These steps were taken to ensure the accuracy of the data collected by reviewers and consistency in rating among reviewers.

The findings of the reviewers were based on activities documented in the case files or in TNKids. However, with respect to those cases found by reviewers to be “clearly unacceptable”, the Department was provided with a list of those youth, the overall rating of each case, and the ratings for permanency and for the four key domains, so that the Department could review those cases, determine whether they disagreed with the “unacceptable” rating, and, if so, provide their reasoning and any supplemental information to support that reasoning (irrespective of whether that information had been present in the file at the time of the review). The Department provided

²⁴ In rating the quality of planning reviewers considered any planning related to one of the eight IL planning domains irrespective of whether the planning language was in the ILP under the appropriate domain or found elsewhere in the IL or Permanency Plan.

supplemental information on seven such cases. In one case the supplemental information provided by DCS resulted in the Monitoring staff changing the rating to “clearly acceptable”. In three of the seven cases, the supplemental information related to significant activities undertaken after the date that the case file was reviewed, activities which might have resulted in the case being rated as “marginal” or “clearly acceptable” had the work been done prior to the case being reviewed. In the remaining three cases, the Department did not provide supplemental information that warranted any reconsideration of the rating given (nor of “post-review period” activity that might have warranted a higher rating had it occurred during the review period).²⁵

III. Planning and Practice Expectations

In evaluating the quality of case practice, reviewers were guided by the expectations reflected in the DCS Interdependent Living Plan (ILP) policy and in the Department’s *Hints for Interdependent Living/Transition to Adulthood Planning*.

The Interdependent Living Plan policy outlines what the Child and Family Team should focus on when planning for each domain in the ILP.²⁶

- *Education planning and service provision should focus on increasing the youth or young adult’s ability to develop vocational and/or post secondary educational interests and plans; Educational assessments shall be utilized to determine the youth and young adult’s educational and/or vocational interests and level of ability.*
- *Housing and Home Life planning and service provision should focus on increasing the youth or young adult’s knowledge about housing options, and issues related to the acquisition and maintenance of independent housing. This shall include, but is not limited to, identifying affordable housing, tenant lease laws and contracts, managing finances as it relates to housing and maintaining a safe and stable home environment.*
- *Health/Mental Health and Self Care planning and service provision should focus on identifying medical, dental and mental health needs and the applicable service providers; increasing the youth or young adult’s ability to self-monitor in regard to health.*
- *Transportation planning and service provision should focus on increasing the youth or young adult’s ability to identify and utilize available transportation options.*
- *Life Skills and Daily Living planning and service provision should focus on ensuring the acquisition of an array of life skills, utilizing the results of a life skills assessment to identify strengths and needs and develop the future goals for the youth. Measurable goals related to providing life skill instructional opportunities to the youth or young*

²⁵ As discussed in Section VI.D.2, the Department was also provided a list of older youth with significant mental health issues and/or developmental disabilities for whom transition planning did not appear to include the work on linkage to adult services that is required by DCS policy.

²⁶ This language is taken directly from Policy 16.51 Interdependent Living Plan; however that language has been reorganized to make more clear the link to the relevant domains.

adult, which clearly identify the parties responsible for delivering and documenting such instruction, shall also be developed.

- *Finances and Money Management planning and service provision should focus on the identification of available financial resources, and financial management skills.*
- *Career Planning and Work Life planning and service provision should focus on increasing the youth or young adult's ability to develop economic stability and self-sufficiency. This shall include the acquisition of job seeking skills and job maintenance.*
- *Support: Social Relationships and Communication Skills planning and service provision should focus on increasing the youth or young adult's ability to identify and develop permanency options and connections to supportive adults, to include building social skills, and increasing the youth or young adult's access to community resources and supports, to include opportunities to participate in religious or spiritual activities, extracurricular activities, and other pursuits essential to normalizing such life experiences for adolescents and young adults.*

The IL division created *Hints for Interdependent Living/Transition to Adulthood Planning* to guide Family Service Workers in planning. The document includes the following reminders for planning for older youth:

- Youth ages 14-18:
 - All youth should have an annual ACLSA and the results should be used to inform planning.
 - All youth should receive life skills instruction when offered by DCS, provider agencies or other community partners, or within their placements.
 - Wraparound funds should be used to support youth in building positive self-esteem, normalize their experience, and help them along the road to self-sufficiency.
- Additional provisions for youth at age 16:
 - Career and education planning should begin.
 - Referrals to adult services should be made if the youth has a diagnosis of mental retardation or other mental health diagnoses. In addition make referral to Vocational Rehabilitation and facilitate the application for Supplemental Security Income (SSI).
- Additional provisions for youth at age 17:
 - Options for Post Custody and/or Transitional Living should be discussed.
 - Housing plans, living assistance information should be discussed.
 - There should be an education plan and steps taken to ensure that youth has applied for financial aid if eligible and appropriate.
 - There should be a discussion of other services that can support the youth such as career centers and the Department of Human Services (DHS).
 - The status of "undocumented" youth should be discussed.
 - The IL Section of the Permanency Plan is to be completed as a Transitional Plan.

While the Department's guidelines indicate that in every case involving older youth the Child and Family Team should consider all eight domains, reviewers understood that, depending on the individual circumstances of the child, the Child and Family Team might appropriately place greater priority on planning and service provision in some domains and not others. However, in those cases in which there appeared to be a significant chance that the child would "age out" of foster care without family support, reviewers expected the Child and Family Team to address all eight domains in the ILP, since youth transitioning to adulthood without family support generally have significant needs in all eight domains.

Consistent with the "scoring approach" of the Quality Service Review, reviewers rated the case practice in each of the eight domains on a scale of 1-6, with a "1" indicating the most deficient practice and "6" indicating optimal practice. However, as discussed below, in rating the overall quality of a case, reviewers placed each case in one of three categories: clearly acceptable, marginal, and clearly unacceptable.

IV. KEY FINDINGS

- In only 21% (19) of the 90 cases reviewed was case practice sufficiently consistent with Departmental expectations for preparing older youth for the transition to adulthood to be rated as "clearly acceptable".
- In 49% (44) of the cases, case practice was rated as "marginal," reflecting some aspects of expected practice with older youth.
- In 30% (27) of the cases, case practice was clearly unacceptable, reflecting little or none of the aspects of preparation for adulthood set forth in DCS policy.
- Every case file included an Interdependent Living Plan (ILP), which was incorporated into the permanency plan.²⁷ However, there was considerable variation in the quality of the ILPs. While TNKids requires some entry in the fields of the ILP, entries range from thoughtful and detailed information to minimal information and boilerplate language.²⁸
- There was a life skills assessment of some kind in 92% (83) of cases reviewed. In 86% (77) of the cases those assessments were current enough (less than a year old) to be able to inform case planning; however, even in those cases for which current assessment information was available there often appeared to be little discussion with the youth and/or team members of the ACLSA and little connection between the ACLSA results and the provisions of the plan.

²⁷ The "technological fix" implemented by the Department prevents production of a permanency plan for a child 14 years or older, unless an ACLSA completion date is entered and entries are made in the required ILP domains (at least two, the Life Skills and Support domains, if the child is age 14-16; all domains if the child is 17 years of age). Although policy requires that an ACLSA be completed within a year prior to the development of the permanency plan, it did not appear from the review that the completion date field is set up to reject the entry of a date that is more than a year prior to the permanency plan date nor does it reject a date that is later than the date of the permanency plan.

²⁸ In one case, the ILP was largely filled by entering "NA" in each field.

- The vast majority of youth in the cases reviewed were regularly attending the Child and Family Team Meetings. Youth were present for the Permanency Planning CFTM in 93% (84) of the cases.²⁹ However, while there were some excellent examples of older youth who were actively participating in their case planning, whose voices were clearly being heard and respected by the other members of the Child and Family Team, and whose reasonable preferences and personal goals were driving the case plan, this was not routinely the case.
- A significant number of the older youth reviewed had intellectual disabilities³⁰ and/or mental health needs that presented special challenges to successful transition to adulthood. With respect to those youth whose disability is mental retardation and who therefore are eligible for adult supportive services from the Division of Intellectual Disabilities (DIDS) and with respect to those youth whose mental health needs are likely to require adult residential services from the Department of Mental Health and Developmental Disabilities (DMHDD), regional staff appeared to be identifying those youth and coordinating with the appropriate agency to ensure a smooth transition. For those youth reviewed with borderline intellectual functioning or with mental health concerns that impair daily functioning, there is less certainty that they will receive the combination of coordinated services that they need.

V. DATA AT-A-GLANCE

The following figures present a visual summary of the data discussed in greater detail in Section VI.

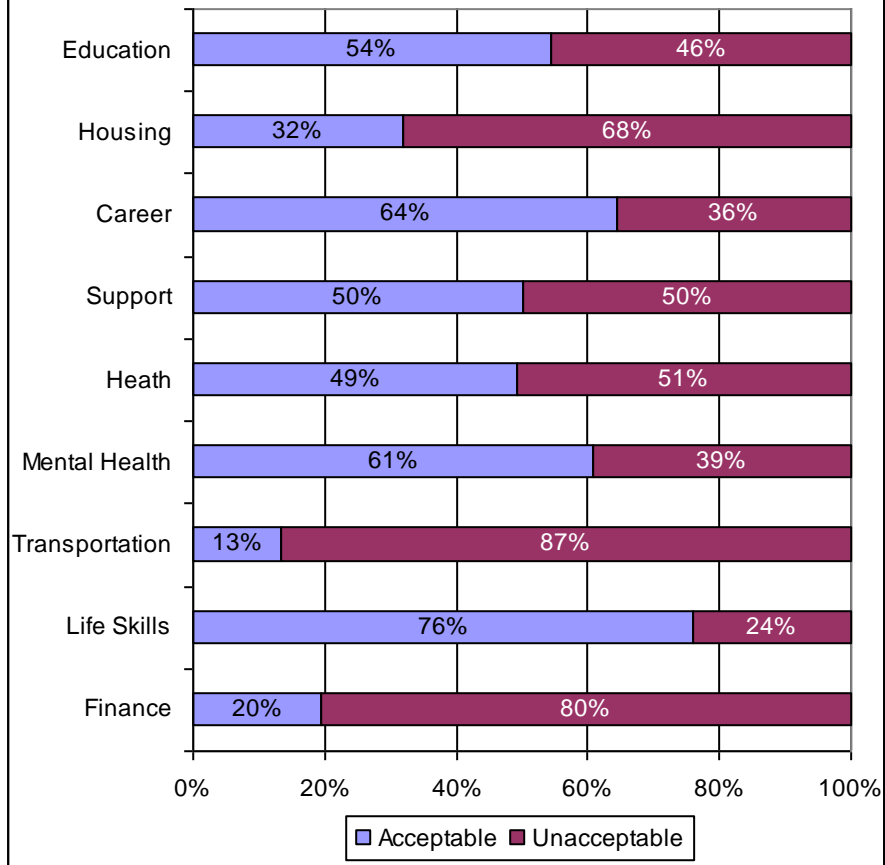
A. Ratings of DCS Performance in the Eight Domains

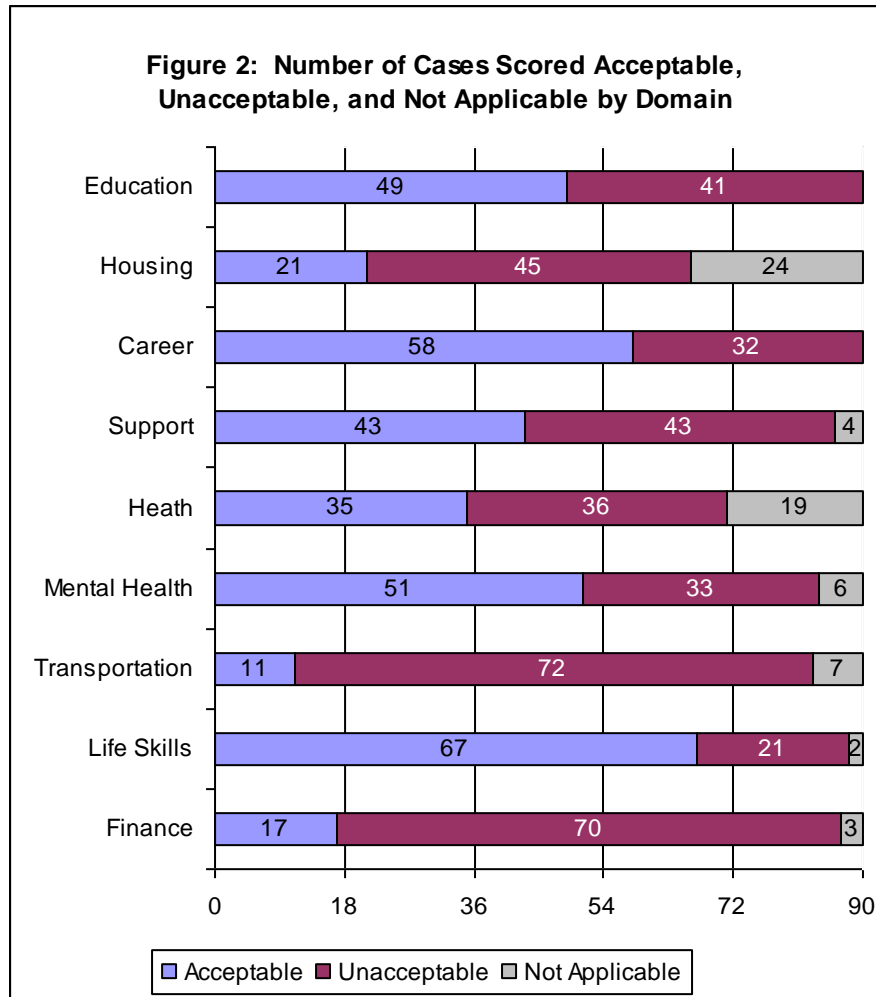
The following figures display the individual findings with respect to each of the eight individual domains discussed further below. Figure 1 presents the ***percentage*** of cases scored as acceptable (ratings of 4, 5, or 6) and the ***percentage*** of cases scored as unacceptable (ratings of 1, 2 or 3) ***for those cases for which the particular domain was scored***. Figure 2 presents for each domain the ***number*** of cases which reviewers scored acceptable, the ***number*** of cases scored unacceptable, and the ***number of cases which*** (for reasons described in the discussion in Section VI) ***were not scored for that particular domain***.

²⁹ In 2% (2) cases, the youth were not in attendance because they were on runaway when the permanency plan was updated. In 4% (4) cases, the CFTM summary forms or the documentation in TNKids did not reflect who was in attendance at the CFTM.

³⁰ Intellectual Disabilities is the terminology now used by the state to refer to the diagnosis of mental retardation. The Division of Intellectual Disabilities (DIDS) was formerly referred to as the Division of Mental Retardation Services.

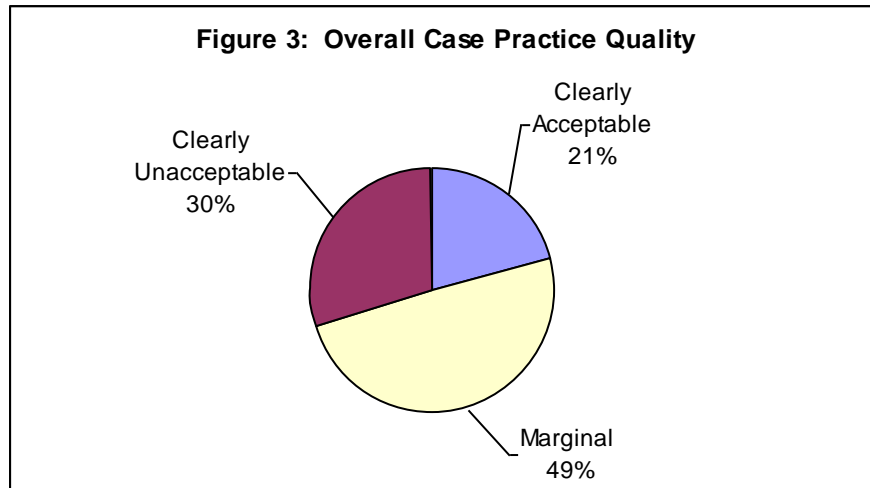
Figure 1: Percentage of Cases Scored Acceptable and Unacceptable by Domain





B. Overall Rating of Case Practice Quality

Figure 3 below, reflects the overall rating of case practice quality, based on a combination of permanency prospects and performance in the four “key domains” (education, housing and home life, career planning and work life; and support: social relationships and communication skills).



VI. Discussion

A. Overall Case Practice Quality

In rating the overall quality of practice in a particular case, reviewers focused on four key domains—education; housing and home life; career planning and work life; and support: social relationships and communication skills—and factored in considerations related to the youth’s prospects for legal or relational permanency. This emphasis seemed appropriate because national foster care statistics indicate that foster youth who age out of foster care systems so often experience low educational achievement, homelessness, unemployment, and lack of connection to support systems that would help them navigate adulthood. Older youth who successfully achieve permanency and have supportive family connections are at less risk for these negative outcomes.

Overall quality was rated using three designations: clearly acceptable, marginal, or clearly unacceptable.

In general, a case was clearly acceptable if (a) there was acceptable service provision (ratings of 4, 5 or 6) in each of the four key domains **and** (b) the child had either achieved or was likely to achieve lasting legal or relational permanency or connection to adult supportive services.

A case was rated marginal if: (a) there was acceptable service provision in two or three of the four key domains or (b) the child had either achieved or was likely to achieve permanency or connection to adult supportive services.³¹

A case was clearly unacceptable if it had acceptable work in less than two key domains and lacked lasting legal or relational permanency or connection to adult supportive services.

- In only 21% (19) of cases was case practice sufficiently consistent with Departmental expectations for preparing older youth for the transition to adulthood to be rated as “clearly acceptable”;
- In 49% (44) of the cases, case practice was rated as “marginal,” reflecting some aspects of expected practice with older youth; and
- In 30% (27) of the cases, case practice was clearly unacceptable, reflecting little or none of the aspects of preparation for adulthood set forth in DCS policy.

B. Permanency and Four Key Domains

1. Prospects of Successful Permanency

Permanency, for purposes of this review, is defined as having a caring, committed adult who will be a support for the youth throughout the youth’s life. Research indicates that a leading predictor of success is the connection to a caring adult. Consistent with this research, the Department has revised its policy and developed initiatives to reflect the Department’s belief that permanency is the best way to equip a child for adulthood.

In 29% (26) of the 90 cases reviewed, permanency was achieved and reviewers were confident in the long term viability of the permanent placement/relationship. Included in this group are not only youth who achieved “legal permanency”, but also those who had achieved “relational permanency”.³²

In 13% (12) of the cases reviewed, permanency had been technically achieved—these youth exited custody to a parent, relative, or fictive kin—but reviewers did not have confidence in the

³¹ The marginal category includes cases which were, in QSR terms, either “minimally acceptable” or “minimally unacceptable” in the key domains. Among the “minimally acceptable” cases included in this category would be youth who had acceptable service provision in all key domains, but for whom prospects for successful permanency were poor. Among the “minimally unacceptable” cases included in this category would be those youth who had acceptable service provision in just two of the four key domains. The marginal cases would also include cases in which it appeared that the children had enduring permanency (and therefore a reasonably inferred assurance of some support and guidance in transitioning to adulthood), but little or no documentation in the file of any service provision related to any of the four key domains.

³² An example of a case falling into this category is that of Toni. (As with all of the case examples discussed in this report, the name “Toni” is a pseudonym.) At the time of the review, Toni was waiting on his court date so that he could exit custody through subsidized permanent guardianship with his resource parents of three years. The family is very committed to both Toni and his sibling (who had aged out and went back to her parents and then moved back into the resource home when it did not work out with her family).

viability of the permanent placement. In these cases, it appeared that the family was ill-prepared to meet the child's needs and/or that significant issues had not been addressed in discharge planning.³³

In 14% (13) of the cases, permanency was not achieved but some progress was being made toward permanency. In those cases, there appeared to be some potential permanency options that had been identified and those options were being explored.³⁴

In 43% (39) of the cases, permanency was not achieved and there were no potential permanency options being pursued. This group includes four youth with developmental disabilities who have not achieved permanency, but who are expected to receive adult supportive services; five youth who refused adoption; nine youth who appear to be open to adoption but have no adoptive families identified; and 21 youth who have goals to reunify with parents or to exit custody to relatives or kin who, based on the information in the case file, are not prepared to provide for the youth.³⁵

2. Education

The *Brian A. Settlement Agreement* provides that “*all children in DCS custody shall have access to a reasonable and appropriate education, including special education services the need for which shall be timely identified.*” (V.I.E). For older youth the expectation is not only that the child's current educational needs are being met but that some attention is being paid to vocational interests and post-secondary training and education.

³³ The cases of Ulysses and Penelope are among those cases for which reviewers had serious doubts about the viability of the permanent placement. Ulysses came into custody when no one picked him up from detention after shoplifting. The case manager tried to locate his father; however, because Ulysses did not want to return home, he gave incorrect contact information. His father was eventually located and the case file indicates that he was a stable, loving father, but Ulysses was involved in a gang and the father did not approve. Ulysses was reunified with his father after services were provided to the family while in custody and on trial home visit (THV). However, right before the THV ended, the father indicated to the in-home worker he was worried that his son had resumed his previous gang involvement. Penelope is a child who has extensive mental health needs. She exited custody to a friend of her deceased mother. However, there was little documentation in the file about the household of that family friend, or about the capacity of the family friend to meet Penelope's mental health needs, nor was there any documentation that services had been put in place to help the transition to this home.

³⁴ An example of a case falling into this category is that of Victor. The Department located an uncle who lived in New York and who worked as a college professor. He was eager to adopt Victor and his sibling and participated in counseling services over the phone, arranged for Victor and his sibling to visit him on multiple occasions, and cooperated with the ICPC process.

³⁵ William was among the children falling into this category. William had concurrent goals of reunification and exit custody to relative. The Department was actively working reunification with the father. However, William's mental health issues and behavioral concerns and the circumstances of his father's household posed considerable challenges to successful reunification. Among other things, William had a history of sexual perpetration against a sibling living in the home with the father. That sibling also presented mental health and behavioral challenges. There were also other small children of the father's wife that live in the home, and, apart from the significant mental health and behavioral challenges, the house was already very crowded and it was unclear whether the father could physically accommodate William. The goal of return to his father seemed unlikely to be achieved and reviewers could not find any evidence of work in key domains to prepare and support William in his transition to adulthood.

In evaluating the adequacy of education planning and service provision for older youth, reviewers looked for evidence that the Child and Family Team (CFT) planned both for completion of secondary school and for increasing the youth's ability to develop vocational and/or post secondary educational interests and plans. The reviewers looked for indications that the CFT utilized appropriate educational assessments to determine the youth's educational and/or vocational interests and level of ability.

Reviewers did see evidence of some excellent case work around education. For example, in the case of Alex, Alex's team had been talking to him for years about college and had taken him to visit a college when he was 13 years old. Various team members have worked with him on scholarship opportunities, college options, ACT preparation, high school course selection, and discussed plans to accept post-custody services to attend college. Good casework was also evident in the case of Briana. Her team worked with the school to make sure she was in the appropriate class setting to help her succeed, and the team also was working with the Division of Intellectual Disabilities Services and Vocational Rehabilitation to help her identify careers that would be appropriate for her abilities.

However, this level of quality casework was not routinely evident in the cases reviewed. While the Department's policy contemplates that educational planning for older youth should include some exploration of post-secondary options, it appeared that the primary focus of much of the case planning for older youth was on obtaining a high school diploma, with little or no attention to education beyond that.

Given the Department's emphasis on high school graduation, and recognizing that a high school diploma is a critical step to most vocational and higher education opportunities, reviewers scored case practice related to the education domain as "acceptable" if there was service provision to help the youth graduate from high school. In 54% (49) of the cases, service provision in this domain was acceptable under this standard. (Had reviewers required some consideration of post-secondary education options in order for a case to receive an "acceptable" rating in this domain, only 28% (25) of the cases would have been designated "acceptable.")

Of significant concern was the fact that in 46% (41) of the cases, reviewers identified present educational needs that were not being sufficiently addressed by the educational services being provided. For example, one youth, Leon, was behind three years in high school, refused to do his schoolwork, and exhibited disruptive behaviors in school, which led the team to conclude that Leon should pursue a GED. Unfortunately, at least in part because of the frequent case manager turnover in his case, little was done to carry out this aspect of his plan. Leon was so frustrated with the Department that he ran away to the state of Washington where he aged out without a GED.

3. Housing and Home Life

Planning and service delivery related to the Housing and Home Life domain is supposed to focus on increasing the youth's knowledge about housing options and on issues related to the acquisition and maintenance of independent housing. This should include, but is not limited to,

identifying affordable housing, explaining tenant lease laws and contracts, managing finances related to housing and maintaining a safe and stable home environment.

Reviewers considered work in this domain especially critical for those youth likely to “age out” of foster care without viable family support. It is less critical for those youth who achieved permanency and were clearly going to continue to have their permanent family as a “home base” after turning 18. Reviewers did not rate this domain for 17 of the 26 youth with viable permanent placements (described in subsection 1 above), because their housing needs appeared to be well met for the foreseeable future. Reviewers did rate this domain for nine other youth in this group of 26, because there were some specific housing issues that needed to be addressed. (In seven of those cases, the work being done to address those needs was acceptable).

Similarly, reviewers rated this domain for the 12 youth who returned to parents or exited to a relative under circumstances that led reviewers to question the ability of the family to support the child’s transition to adulthood. In these cases, in the reviewers’ judgment, there should have been some “contingency” planning and preparation in the event that the placement with the parent or relative disrupted.

In addition to the 17 youth whose cases were not rated for this domain because their permanent families were serving as their “home base,” there were seven other cases in which reviewers determined that this domain should not be rated.³⁶

For each of the 66 youth whose cases were rated for this domain, reviewers looked for evidence that the youth was provided services either to allow the youth to independently acquire housing or, for youth who were returning to a parent or exiting custody to a relative, to stabilize and support the family setting that the child was exiting to.

Reviewers found examples of high quality practice related to this domain.

Chelsea was a child who was receiving post custody services and was headed off to college. The Department had already made arrangements to pay for on campus housing and Chelsea’s resource parents (with whom she had achieved “relational permanency”) were the family she would be returning to during college breaks.

In the case of Diana, although she had the continued support of a resource parent who was willing and able to provide a home for her beyond age 18, Diana wanted to move instead with her adult sibling. The team arranged weekend visits in anticipation of this move, helped Diana develop a budget, worked on preparing nutritional meals, discussed arrangements that would need to be made with the siblings landlord, gave the youth housing applications for a local housing authority, and encouraged the youth to accept post-custody as a support because the youth is a teen parent.

³⁶ These seven youth whose cases were deemed not applicable were returning to their birth families or had returned to their families on trial home visit. It appeared from the case file that the services had improved overall family functioning

To warrant an “acceptable” rating for work in this domain, reviewers generally expected to see at least some work with the youth around identifying and applying for affordable housing, searching for apartments, learning about lease agreements, utility deposits and the like.

Even for those youth who were returning to parents or exiting to relatives, if there were concerns about the viability of the placement, reviewers expected to see some supportive services and/or “contingency” planning in case the placement disrupted and the youth had to live independently. One such a case is that of Mark. Mark had been in custody since 2002, and he had no viable permanency option as he approached discharge. At the time of the review, Mark had moved back home with his mother whose parental rights had previously been terminated.

The Department honored Mark’s request and placed him on a trial home visit with services three months before he aged out; however, reviewers were concerned because Mark had not lived with his mother in seven years and believed that he should have had at least some basic preparation for how to go about finding housing, if the placement with his mother did not work out. Unfortunately there was no evidence that he had any such preparation.

In only 32% (21) of the 66 cases, were reviewers able to find sufficient evidence of work to rate the case acceptable in this domain.

4. Career Planning and Work Life

The expected focus of the Career Planning and Work Life domain is on increasing the youth’s ability to develop economic stability and self-sufficiency, and includes the acquisition of job seeking skills and job maintenance.

The Department contemplates that planning in this domain include some opportunity for the youth to explore possible career interests and discuss academic and vocational training related to those career interests.

Only 16% (14) of the cases reviewed reflected this kind of discussion. There was very little attention evident in the documentation related to the Child and Family Team meeting. To the extent that there was some reference to this domain, the focus was on basic activities related to filling out job applications, writing resumes and preparing for job interviews.

While only 13 cases reflected any significant planning in this domain, in an additional 45 cases, there was at least evidence that the child had experienced some period of employment of some kind (although not necessarily as a result of any conscious planning by the team). On this basis, reviewers rated this domain as “acceptable” in 64% (58) of the cases.³⁷

³⁷ In two cases, although there was some work experience the information about the work experience was such that the domain was never the less scored unacceptable. In one case there was reference to work experience having occurred in Mexico prior to child coming into custody, but insufficient evidence to judge the relevance of that work experience to the domain. In the second case, the youth had a significant developmental disability and mental health concerns. She was promptly terminated from a fast food restaurant, a job that seemed ill suited for someone with her multiple challenges.

There were certainly examples of high quality casework in this domain. In the case of Chelsea, the team had arranged for her participation in the TalentSearch program, which provided her various opportunities to learn about careers through field trips and other activities, and she had work and volunteer experience. The team also helped her with the various aspects of attending college so that she could pursue her interest in physical therapy.

In the case of Edward, the team supported his dream of joining the military and helped him participate in extracurricular activities such as ROTC and weekend National Guard Activities. In addition, the youth was placed in a resource home where the father in the home was active duty military.

However, there were also examples of problematic case work. For example, Neal asked his case manager if he could get a job and she told him that he could not have a job because he could not be trusted. Reviewers felt that this was a missed opportunity for Neal to be able to earn trust and learn responsibility. Not only did the team fail to respond to Neal's interest in finding a job, but there was no other work evident to help him explore careers.

5. Support: Social Relationships and Communication

This domain focuses on increasing the youth's ability to identify and develop permanency options and connections to supportive adults, and includes helping the youth build social skills and increasing the youth's access to community resources and supports. It also includes providing opportunities to participate in religious or spiritual activities, extracurricular activities, and other normalizing life experiences for adolescents and young adults. Much of what this domain speaks to comes automatically when a child achieves permanency and so this domain is often more important for those without viable permanency options. However, the domain may include consideration of other supports beyond the permanency connection, both informal and formal, that will prepare the youth for adulthood. This domain overlaps with permanency but also includes various informal supports such as mentors, church and community affiliations, and formal supports, such as case management and in-home services.

To be minimally acceptable in this domain, reviewers expected to see evidence of connection to caring adults or relevant community supports to help the youth and their families remain independent of the foster care system and prepare the youth for adulthood.

Reviewers rated this domain for 86 of the 90 cases reviewed; in four cases, reviewers determined that the specific circumstances did not warrant further planning for this domain.³⁸

Fifty-percent (43) of the 86 cases rated in this domain had acceptable supports.

³⁸ Three of these four youth were in very strong permanent homes and involved in extracurricular activities. There did not appear to be additional needs that the team should have planned for. In the fourth case, it appeared that the mother had been appropriately addressing the youth's needs and that the youth probably should not have come into custody in the first place.

The case of Frank reflects the way in which this domain remains relevant even for youth who achieve permanency. Frank was placed in the kinship resource home of his aunt for eight years and then the kinship resource home of his uncle for four years before he exited custody with his uncle. Frank enjoyed a normal teenage existence in his uncle's home and was very active in the community playing multiple sports. Upon exit the team connected the uncle to the local Relative Caregiver Program and arranged for the youth to receive IL services through a private provider.

George was placed in a resource home where he developed a lasting relationship with his resource parent. The team credited George's improvement in relationships and communication skills to his relationship with the committed resource parent. The Department also arranged for continued support through Post Custody while working on graduating by his 19th birthday.

Among the 44 cases rated "unacceptable" in this domain was that of Oliver. He was described as an introvert and did not have any supports in his life other than formal supports. Oliver aged out of foster care in February 2009 and remained in his resource home to graduate from high school. After his graduation from high school his resource parent stated that he could only live with her as long as she was being compensated. The post custody case manager scrambled to find him housing and other supports because the team felt he was ill prepared to live on his own.

C. Remaining Domains

1. Health/Mental Health and Self Care

The Health/Mental Health and Self Care domain should focus on identifying medical, dental and mental health needs and the applicable service providers; increasing the youth's ability to self-monitor his health. While the Department combines health and mental health into a single domain, reviewers considered and rated mental health needs separate and apart from physical health needs in order to be able to present more discrete findings.

a. Health

To be minimally acceptable for service provision in the Health domain, a youth had to have his or her annual EPSD&T and dental and any individual health needs such as asthma or diabetes, met while in custody. Reviewers also expected to find evidence of reproductive health work for those youth who appeared to be sexually active and for whom concerns existed about safe practices. For those youth who were aging out, reviewers expected to see evidence of work to ensure that their health care would continue and that the youth was able to independently handle their individual health concerns.

There were 19 cases for which reviewers found it unnecessary to rate this domain. In those cases either: 1) the youth had their basic need of an annual EPSD&T and dental met and required no additional services; 2) the youth exited custody or was about to exit custody and the caregivers were assuming the responsibility for health care; or 3) the youth was out of state when they aged out of care.

Of the remaining 71 cases, health was rated acceptable in 49% (35) and unacceptable in 51% (36).

Among the acceptable cases, was that of Harriet, who was diagnosed mentally retarded. When she came into care she had a comprehensive assessment which included addressing health concerns such as sleep problems, bed wetting and possible seizures. Her regular health needs were regularly attended to through EPSDT, dental, and optometry appointments for glasses. Her permanency plan included several goals for self care, sex education, and healthy living. When she aged out the team made arrangements for her health insurance to continue and for her to have supportive services through Division of Developmental Disabilities.

Among the cases rated “unacceptable” was that of Quincy. Quincy returned home on a THV and reported that he was vomiting a lot and that he noticed blood in his vomit. The case manager gave his grandmother the number to his primary care provider, but there was no follow-up documented in the file. Another case rated “unacceptable” was that of Rachel. Rachel was sexually active and she had requested that she be taken for an HIV test. There was no documentation that she was ever taken to get the test.

b. Mental Health

To be minimally acceptable for service provision in the Mental Health domain, reviewers expected (1) the mental health needs of the youth to be sufficiently met while the youth was in custody, and (2) transition services be put in place if there was a continued need beyond the custodial episode. For those youth who returned to parents, exited custody with relatives, or aged-out and had continuing needs, reviewers expected to see evidence of work to transition to community providers.

Six of the 90 cases reviewed were not rated for mental health. In five of those 6 cases mental health needs were sufficiently met and there was no need for any ongoing services; in the other case, the youth did not have any significant mental health needs.

Of the 84 cases rated for mental health, 61% (51) were rated acceptable and 39% (33) unacceptable. Cases were rated unacceptable if mental health needs were not appropriately assessed, if there were service delays, if there appeared to be an inappropriate service match, and/or if the transition to community providers was not addressed.

Among the cases rated “acceptable” was that of Ingrid. She had been in care most of her life and had spent most of that time in institutions because of her significant mental health needs. At the time of the review, it appeared that she was responding more positively to her present treatment than she had in the past. The team was also planning for her transition to community mental health providers and had applied for the youth to receive Supplemental Security Income for support.

Among the cases rated “unacceptable” was that of Penelope. Penelope had behavioral issues that had resulted in two custody episodes. She had a history of alcohol and drug use, of engaging in casual sex, and of runaway. An assessment from 2008 indicated that she had multiple diagnoses

and determined that she could benefit from a psychiatric evaluation. However, she was only in custody for two months before she exited to friends of her deceased mother. There was no indication that there had been any psychiatric evaluation and there was very little documentation in the file about what services were put in place to support the placement to address the mental health needs and reduce the risk of a subsequent custody episode

2. Transportation

The Transportation domain should focus on increasing the youth's ability to identify and utilize available transportation options.

To be minimally acceptable for transportation there needed to be evidence that the team was anticipating future transportation needs and helping the youth identify transportation options in his or her community, and in most cases, helping the youth at least begin the process of securing a driver's license, even if it is simply learning the basic rules of the road necessary to pass the written portion of the licensing test.

For youth in a metropolitan area, it might be possible to address this domain by ensuring that the child is familiar with and able to use public transportation. However, most youth will ultimately need to be able to drive a car. For this reason, in every case reviewers expected to see some activity related to the ultimate goal of attaining a driver's license and/or some orientation to public transportation if the youth lived in a metropolitan area. In addition, if a youth had a heightened need for access to transportation—a teen mother in need of suitable transportation for her needs and those of her child or a youth whose employment is dependent on having transportation to and from work—reviewers expected to see planning and service provision to address those heightened needs.

Of the 90 cases reviewed, seven were not rated for this domain. In three of those seven cases, the transportation needs of the youth had been addressed prior to the development of the ILP and Permanency Plan: these youth had already obtained their driver's licenses, had a car or access to a vehicle and had necessary car insurance. In the remaining four cases, each of the youth appeared to have significant developmental disabilities that would preclude him or her from being able to use transportation independently.

Of the 83 cases rated for this domain, transportation service provision was acceptable in 13% (11) of cases. A good example of a case rated "acceptable" is that of Joe. His resource parent (who ended up adopting him) helped Joe obtain his driver's permit, his license, and ultimately his car insurance and his own vehicle. (Joe had some issues about being trustworthy with his vehicle, but his adoptive mother created a plan for him to earn his driving privileges back.)³⁹

In the remaining 72 cases, reviewers found very little evidence that teams were focused on this issue at all. In 75% (54) of 72 cases, there was no indication that the team had done any work.

³⁹ Reviewers found that ten youth had a driver's license and three had a learner's permit. For those youth who lived in urban areas, reviewers found documentation that eight used public transportation. In the case of one youth, transportation was arranged through her health insurance to get back and forth to doctor's appointments. There were eleven youth who had their own vehicle or access to a vehicle. In six cases the youth had car insurance.

Among these cases were a number in which there were notations that the youth had expressed a desire to get a driver's license, but there was no indication of any effort to respond to that expressed desire.

3. Life Skills

The Life Skills and Daily Living domain should focus on ensuring the acquisition of an array of life skills, utilizing the results of a life skills assessment to identify strengths and needs and develop the future goals for the youth. There should also be measurable goals established related to providing life skill instructional opportunities to the youth, and the plan should identify the parties responsible for delivering and documenting such instruction.

To be rated acceptable for the Life Skills domain, reviewers required some evidence that the youth was receiving informal life skills instruction (if there was no specific need identified), and formal life skills instruction for those youth who had specific needs such as parenting. Informal life skills instruction refers to resource parents or congregate care staff helping youth learn how to cook, clean, launder clothing and the like. Formal life skills instruction includes classes and groups.

There were two cases that were not rated for this domain. In one case, the youth had developed these skills prior to her custodial episode; in the other, the youth did not have any needs because the Department had appropriately focused on this early on in her custody episode and it appeared that she did not need additional services at the time that the ILP was developed.

Of the 88 cases rated for this domain, 76% (67) were considered acceptable and 24% (21) were unacceptable.

In addition to rating those 88 cases for which there were life skills needs to address in the ILP, reviewers were asked to review all 90 files to determine whether each child had at some point received or were presently receiving formal and informal life skills services.

Of the 90 youth, 47% (42) received a combination of formal and informal services, 9% (8) received formal services only, 36% (32) received informal services only, and 9% (8) did not receive any services.

It appeared that teams tend to consider life skills acquisition to be most appropriately achieved through informal supports. Most youth who had any formal IL skills training received that service not so much as a result of deliberate individual planning of the team, but rather because it was part of the "curriculum" of a child's in-house school or part of group instruction in congregate care. For youth with special education needs, life skills acquisition was often addressed as part of IEP development.

Kent's case illustrated a combination of informal and formal "life skills" training. Kent was placed in a committed resource home, where the resource parents helped him practice the skills necessary to manage a home. Among other things, the resource parent gave him her check card to go grocery shopping, which not only helped prepare him for a world of "plastic" money, but

boosted his self-esteem because he was trusted so much, and this symbol of trust also deepened the relationship with the resource parent. Kent also attended IL classes at his local DCS office, and eventually was asked to help facilitate those classes.

In contrast, in Xavier's case, there was very little documentation that work was being done in this domain. Although the Independent Living Plan indicated that that Xavier was in need of parenting classes, there was no evidence of efforts to set up those classes and no indication that he received any parenting training.

4. Finance and Money Management

The Finances and Money Management domain should focus on the identification of available financial resources for the youth and on development of financial management skills.

To be rated acceptable for the Finance and Money Management domain, reviewers generally required that there be some evidence of financial literacy training. For those youth who had significant mental health diagnoses or had a diagnosis of mental retardation, reviewers expected to see application for SSI and a conservator appointed.

There were three cases that were not rated for this domain because reviewers determined that there were no needs to be addressed in planning. In one case, the youth had significant strengths in this domain prior to the custody episode. In the other two cases, case notes made repeated reference to each child's strengths with managing money and they both had the support of committed resource parents.

Of the 87 cases rated for this domain, 20% (17) were acceptable. Diana is one of those cases. The team worked with Diana extensively to help her plan for independently supporting herself and her daughter. Diana had a savings account, had frequent conversations with various team members about her spending decisions, and her case manager helped her develop a budget. Also, when developing her permanency plan the team weighed the pros and cons of Subsidized Permanent Guardianship over Planned Permanent Living Arrangement (PPLA), and the team decided that it was best for her to have a goal of PPLA so that when she applied for benefits through the Department of Human Services, the income of the resource parents would not adversely affect her eligibility.

In 80% (70) of the cases, reviewers found the work in this domain unacceptable. In 34 of those cases there was no documentation that the Child and Family Team had focused on this domain at all. In 23 cases there was some attention to this domain, but it was significantly deficient.

In 13 cases, the work was rated "partially unacceptable" indicating that with a little additional work, the case would have been "acceptable." For example, in the case of Yolanda, who was expected to age out of foster care, the team recognized in its planning that Yolanda should open a bank account, should start saving her paychecks, should be developing a budget, and should get some specific education around issues of credit. Had there been evidence of work done in each of these areas, the reviewer would have rated the case as "acceptable." However, the only

activity documented in the file was that Yolanda's resource parents were teaching her "checkbook balancing."

D. Miscellaneous Observations

1. Issues related to the Ansell-Casey Life Skills Assessment

The Ansell-Casey Life Skills Assessment (ACLSA) replaced the Daniel Memorial in July 2007.⁴⁰ The Department views the switch to the use of the Ansell-Casey Life Skills Assessment as a significant practice improvement. The Department's initial experience with the ACLSA was that it was more useful in developing the life skills and ILPs for youth and, that frontline staff appreciated the ease of use and web; accessibility. The Department expected that as a result, case managers would utilize the ACLSA more frequently and that case plans of older youth would therefore be responsive to the specific strengths and needs identified through the assessment.

From the information generated by this review, it is not clear that the potential envisioned by the switch to the ACLS has been fully realized.

The ACLSA is supposed to be given to the youth and the youth's caregiver to assess skill levels within one year prior to the creation of the permanency plan so that the assessment can inform planning. The Ansell-Casey Life Skills Assessment Protocol directs the case manager to place a copy of the ACLSA results in the youth's case file.

Based on the case file review and subsequent follow up, 92% (83) of youth have had a life skills assessment at some point during their time in custody.⁴¹ However, some assessments were not completed and updated according to timelines outlined in policy nor did the assessments appear to be used in case planning and service provision.

Reviewers searched case files for a hard copy assessment that matched the ACLSA assessment date recorded in the permanency plan. At the time of the review, the hard copy assessment with the corresponding date was present in 79% (71) of cases.⁴²

The Department subsequently provided ACLSAs for an additional ten cases. Of those ten hard copy ACLSAs, two had dates that corresponded to the assessment date recorded in TNKids. However, in eight of those cases there were significant discrepancies between the completion date on the ACLSA and the completion date recorded in the permanency plan.

⁴⁰ The switch to the Ansell-Casey Life Skills Assessment occurred because of its perceived benefits over the Daniel Memorial. The ACLSA is provided at no cost to the Department, and is available in multiple languages and multiple versions for children ranging from age 8 through 18. The ACLSA is administered through a web based, on line application that allows data from ACLSAs to be aggregated and reported; as a result, the ACLSA can be used not only to support planning at the individual case level, but aggregate data can be used by the InTERdependent Living Division to better understand and respond to the overall strengths and needs of older youth in care and ensure sufficient services and supports to address those needs.

⁴¹ Most of the assessments were ACLSAs; however some youth had received the Daniel Memorial and one youth received an alternate life skills assessment appropriate for her developmental age and cognitive ability.

⁴² This includes the case of the youth receiving the alternate assessment.

Of those eight cases, four were clearly problematic: in two cases, the ACLSA in the file was actually completed more than one year prior to the completion of the permanency plan⁴³ and therefore those plans were developed without current assessment information; and in two cases, the ACLSAs were actually completed after the permanency plan was developed and therefore that assessment information could not have been considered in the development of the plan.

In the remaining eight cases reviewed⁴⁴ there was an ACLSA completion date recorded in the permanency plan, but the Department was unable to locate a completed ACLSA and the Department concluded that in at least three of those cases, an ACLSA had in fact not been completed⁴⁵.

It is not clear that the ACLSA is being used effectively in the planning process, even in cases in which an ACLSA was completed prior to the development of the permanency plan. The ACLSA protocol stresses the importance of discussing the results of the ACLSA with the youth and with the youth's caregiver. However, a discussion about the results of the ACLSA was documented in only 14% (13) of cases reviewed.

The protocol also stresses the importance of using the results of the assessment to inform the planning. Reviewers found little evidence of the ACLSA being used to thoughtfully guide planning, and information that was used appeared to be verbatim, boilerplate language from the ACLSA Guidebook that did not always apply to the youth's specific skills or needs. Based on the cases reviewed, the ACLSA does not appear to be routinely integrated into the broader assessment and planning process.

Finally, the InTERdependent Living Division originally anticipated utilizing the ACLSA web-based reporting capacity to both generate reports on regional performance in completing the ACLSA and to assess what the needs of youth are in order to develop individualized regional plans for IL service delivery. The Department has not yet sought to use the ACLSA reporting capacity. However, TAC Monitoring Staff were able to generate ACLSA use reports from the website and found a much lower number of assessments completed than would be expected given the number of youth 14 years and older in DCS custody and the expectation that the ACLSA be administered annually for those youth.

2. InTERdependent Living Plan Completion

Department policy requires that, at a minimum, two specific domains, Life Skills and Support: Social Relationships and Communication Skills, be addressed in the ILP for youth under age 17. Notwithstanding this minimum requirement, it is considered best practice to complete any domain for which the youth has a need.

⁴³ The ACLSA was completed 13 months prior in one and 24 months prior in the other.

⁴⁴ In a ninth case, the case notes reflected that an ACLSA could not be completed in advance of the permanency plan because the child was on runaway prior to and at the time of the completion of the permanency plan.

⁴⁵ Two of those case files did contain an out dated Daniel Memorial Assessment.

Of the 90 youth in the sample, 46 were either age 15 or 16 when their permanency plan was created. Of the 46 plans for youth who were 15 or 16 at the time of permanency plan development:

- 14 plans had all domains completed,
- 8 had more than the minimum domains, but not all, domains completed, and
- 24 had only the minimum domains completed.

In a couple of cases, there were notations suggesting that InTERdependent Living Specialists were interpreting this “minimum requirement” —that CFTs had to complete only the two required domains for youth ages 14-16—as the “desired maximum” and were not encouraging the teams to consider and complete any other domains that were relevant for each youth.

3. Concerns Related to Youth with Intellectual Disabilities and Significant Mental Health Needs

A significant number of the older youth reviewed had intellectual disabilities⁴⁶ and/or mental health needs that presented special challenges to successful transition to adulthood. With respect to those youth whose disability is mental retardation and who therefore are eligible for adult supportive services from the Division of Intellectual Disabilities (DIDS) and with respect to those youth whose mental health needs are likely to require adult residential services from the Department of Mental Health and Developmental Disabilities (DMHDD), regional staff appeared to be identifying those youth and coordinating with the appropriate agency to ensure a smooth transition. For those youth reviewed with borderline intellectual functioning and/or with mental health concerns that impair daily functioning, there is less certainty that they will receive the combination of coordinated services and supports that they need.

Twenty-seven of the 90 youth reviewed appeared, from information in their files, to have a diagnosis—intellectual or mental health, that affected their daily functioning. Of the 27 youth, 11 had been identified by the Department to have an intellectual disability. In ten of those eleven cases, the Child and Family Teams had taken the appropriate actions outlined in policy to ensure eligibility to receive services from the Division of Intellectual Disabilities (DIDS). The remaining youth had been diagnosed with a mild intellectual disability, but had never received special education services, and therefore DIDS was reluctant to provide services.⁴⁷

For the remaining 16 of the 27 youth, it was not clear to the reviewers how the special intellectual and/or mental health challenges were being addressed in planning related to the transition to adulthood. There were references throughout the case files that the youth had

⁴⁶ Intellectual Disabilities is the terminology now used by the state to refer to the diagnosis of mental retardation. The Division of Intellectual Disabilities (DIDS) was formerly referred to as the Division of Mental Retardation Services.

⁴⁷ While the youth’s IQ was low (72), it was two points too high to qualify for services from DIDS. The CFT had appropriately identified him as in need of services, but because he did not have a mental retardation certification for special education and had not received services, it precluded him from adult supportive services.

diagnoses—intellectual or mental health or had concerns that did not appear to be appropriately assessed.⁴⁸

At the TAC's request, the Department reviewed those 16 cases. According to the supplemental information received from the Department following their review, it appeared that only one of those 16 youth qualified for adult supportive services through DIDS and that youth had already been placed on the "DIDS tracking sheet" consistent with DCS policy.

The remaining 15 youth were not deemed appropriate for services through DMHDD or DIDS.⁴⁹ However, the Department acknowledged that these youth needed services such as adult case management, medication management, supportive housing, voluntary post custody and/or transitional living. In the majority of cases it appeared that the Child and Family Team recognized the need for continued services as the youth transitioned into adulthood and worked to obtain services through community providers. However, in some cases services appeared to be a patchwork of what services were available, and not necessarily the right fit for the youth's needs.⁵⁰

4. InTERdependent Living Wraparound Funds

Although broader use of wraparound funds was one of the areas for improvement identified by *Needs Assessment III*, there was not a lot of evidence in the review of improvement in this area.

IL Wraparound funds are flexible funding that is available to help youth achieve the goals that are outlined in the Permanency Plan. This funding is to help prepare the youth for adulthood and normalize the experience of foster youth. Of the 90 files reviewed, 23% (21) of cases had evidence that IL wraparound funding was used. For the most part, the majority of funding was used for high school graduation packages and IL class stipends.

Reviewers found documentation of expenditures for wraparound services in 23% (21) of the 90 cases reviewed, ten of which received wraparound funding in two or more categories. Table 1 below presents a breakdown of the expenditures in the IL Wraparound categories for which reviewers found documentation of expenditures.⁵¹

⁴⁸ In the case of one youth, the case file indicated that the youth had an undiagnosed learning disability and was in the 10th grade despite having the skill level of a 5th grader. In another case, the youth appeared to be receiving a service consistent with an intellectual disability but it did not appear from the case file that the youth had any diagnoses.

⁴⁹ One youth had a psychological that yielded a full-scale IQ of 75, which is five IQ points too high to receive services through DIDS and four had mental health concerns, but the concerns were not severe enough to require supportive residential services through DMHDD.

⁵⁰ One youth aged out of custody to his parents' home, with referrals made to a community mental health provider. Referrals were also made to a supportive living facility, and transitional living, both of which were denied because of the youth's sexual behavioral issues and gang involvement. Returning to his parents was not successful because of the strained relationship with his family. According to the follow-up response, he is moving house-to-house and has made contact with the InTERdependent Living Specialist (ILS) for services. The ILS immediately referred him to transitional living.

⁵¹ A list of qualifying services that can be supported with InTERdependent Living Wraparound funding is included in Appendix A.

Table 1: Number of Expenditures in IL Wraparound Funding Categories	
Graduation Package	8
Housing Application and Fees for Post Custody	2
IL Class Stipend	5
Membership/ Activity Fees for Extracurricular or Leadership Activities	2
Senior Event Related Transportation	1
Special Senior Clothing	2
Summer School	1
Testing Fees	1
Transportation Assistance	2
Tutoring	1
Uniforms/Special Clothing for Extracurricular Activities	2
Yearbooks	3
Other	10
Total Expenditures in All Categories	40

5. Instances of Misinformation Being Provided to Youth and Team Members Related to Eligibility for IL Services

Reviewers noted at least two instances in which the youth and the team appeared to have been given misinformation about the youth's eligibility for IL Services. In one case there was a reference to the InTERdependent Living Specialist (ILS) having told the child and the team that the child would be ineligible for post custody services if he were to return to live with his family after aging-out.⁵² In the other, it appeared that the ILS had said that the child could only qualify for post custody services if he graduated high school before his 19th birthday⁵³. Neither is an accurate statement of Chafee eligibility criteria.

⁵² While a child who returns to live with his birth family may not be eligible for housing assistance using Chafee dollars, they are eligible for other Chafee supports, such as education support.

⁵³ Youth who age out of foster care at 18 are eligible to receive services through Chafee up to the age of 21 and are eligible for Education and Training Vouchers (ETV) up to age 23. The rules of ETV and Chafee prevent child welfare agencies from utilizing those funds to provide housing support and post secondary education without the acquisition of a diploma. Therefore youth who will not graduate prior to age 19 are in a unique niche which precludes the use of either IV-E or Chafee funded placement support. Youth who have verification of anticipated graduation prior to their 19th birthday can have a Post Custody case opened, with the federal match from Title IV-E dollars. If the aged-out youth graduates high school or gets a GED after turning 19 but before their 21st birthday they are eligible for post custody services. Eligibility requirements for Voluntary Post Custody are discussed in DCS policy 16.52.

6. Permanency and Service Provision

The Department's emphasis on permanency (including relational permanency) for older youth is based, at least in part, on an assumption that if a youth has a strong, family like relationship with a caring adult, that adult is likely to take an active role in ensuring that the youth gets the opportunities and supports (both formal and informal) that they need to be successful. This case file review appears to support the Department's assumption. Those youth who have viable permanency (including relational permanency) appear to be much more likely to be receiving appropriate preparation for adulthood than youth who do not.

Most of those youth reviewed who had achieved either legal or relational permanency appeared to be receiving an appropriate range of IL services and appeared to have the range of developmental experiences and activities associated with successful transition to adulthood. For those 26 youth who had permanency that reviewers were confident would last long term, 16 had acceptable service provision in all key domains, nine had acceptable service in two or more key domains, and only one youth did not have acceptable work in any of the key domains.

Of the 12 youth who had technically achieved permanency but reviewers were concerned about the long term stability, only two had acceptable service provision in all key domains, four had acceptable in two or more key domains, three had only one acceptable domain, and three did not have any acceptable work in key domains.

For the 13 youth who had not yet achieved permanency but prospects were being explored, only one had acceptable service provision in all key domains, ten had acceptable in some key domains, one had only one key domain acceptable, and one was unacceptable in all key domains.

For those 39 youth who had not achieved permanency and did not have any prospects, only four had acceptable service provision in all key domains, 15 were acceptable in some key domains, eight had acceptable work in only one key domain, and 12 had unacceptable work in all key domains.

7. Youth Engagement in the Child and Family Team (CFT)

The vast majority of youth were regularly attending the Child and Family Team Meetings. Youth were present for the Permanency Planning CFTM in 93% (84) of cases.⁵⁴ While there were some excellent examples of older youth who were actively participating in their case planning, whose voices were clearly being heard and respected by the other members of the Child and Family Team, and whose reasonable preferences and personal goals were driving the

⁵⁴ In 2% (2) cases, the youth were not in attendance because they were on runaway when the permanency plan was updated. In 4% (4) of cases, the CFTM summary forms or the documentation in TNKids did not reflect who was in attendance at the CFTM. Due to rounding the percentages to the nearest whole number, the percentages add up to 99 and not 100.

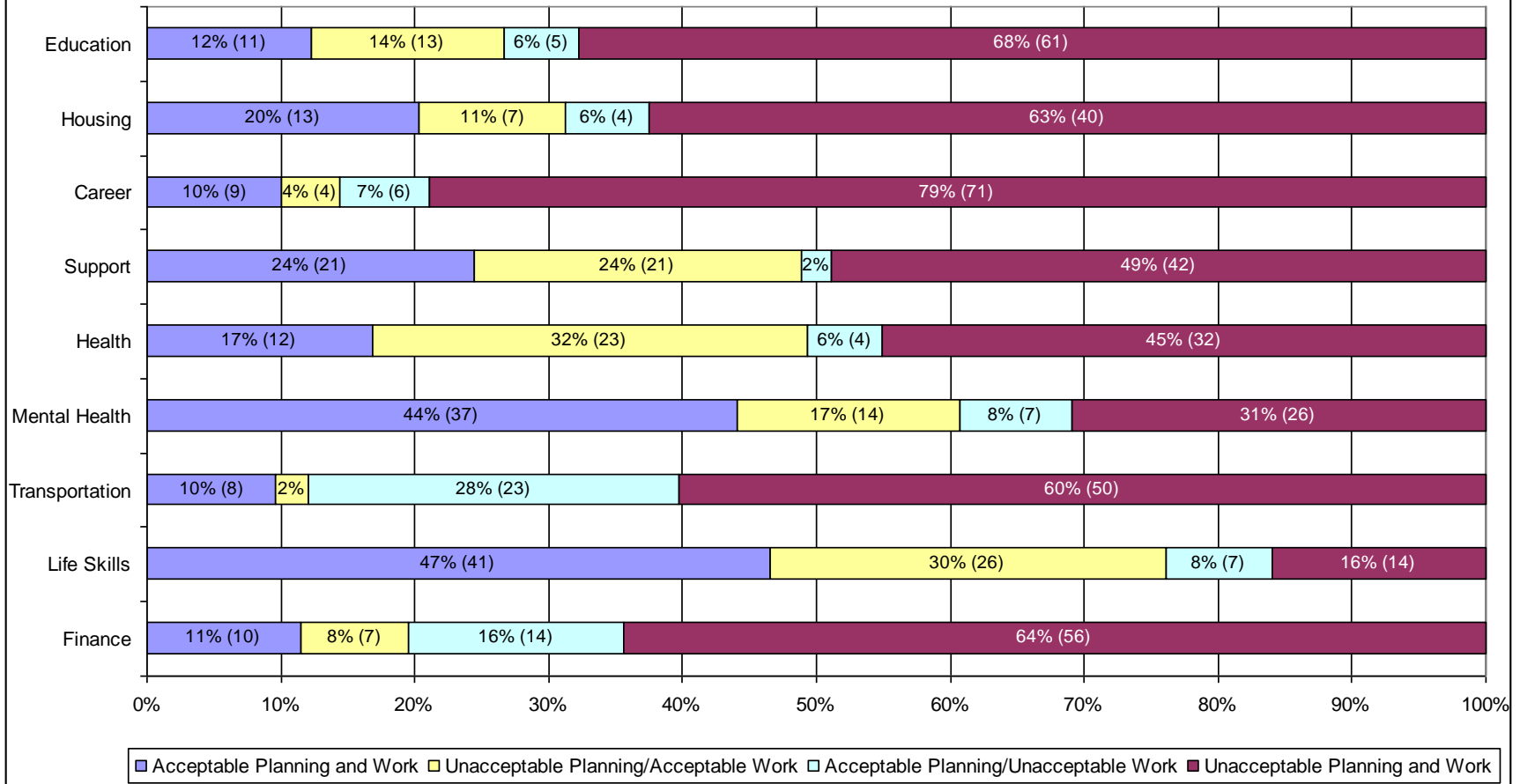
case plan, this was not routinely the case. Reviewers' observations were consistent with the QSR results for the past two years.⁵⁵

8. Planning and Work Comparison

Figure 4 below presents information on both the quality of the written case plan and the quality of the work being done to implement the case plan. Reviewers recognized that in some cases, even though a written plan may be of poor quality, the work being done in the case can be sufficiently responsive to the needs of the child to reflect a "working plan" that was being adequately implemented. Reviewers therefore created four categories for rating of case plan quality and plan implementation: acceptable planning/acceptable work; unacceptable planning/acceptable work; acceptable planning/unacceptable work; unacceptable planning and unacceptable work.

⁵⁵ In the 2009-2010 Quality Service Review there were 25 youth ages 16 and 17, and 53% (13) of those youth had an acceptable score for engagement. Thirty-six youth ages 16 and 17 were the subject of the 2008-2009 Quality Service Review, and 36% (13) scored acceptable for engagement. While this reflects an improvement in engagement, it is clear that engaging youth in the decision-making process is not occurring at the expected level.

Figure 4: Planning and Work Comparison for All Domains



APPENDIX A

IL Wraparound

A. Wraparound Services Available to youth Ages 14-21 in the InTERdependent Living Program

Educational

Name	Eligibility	Verification Required with Referral
Testing fees (SAT, ACT, GED)	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services	Provide documentation of test center and fee.
Post Secondary Application	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services	For post- secondary school/training programs. Provide documentation of program, cost and enrollment.
Tutoring	Youth in state custody or receiving DCS Voluntary Post-Custody Services.	Explore tutoring services available through the schools the youth attends, faith- based communities or local community centers (i.e. YMCA, Urban League, Girls, Inc., Boys & Girls Club) prior to making this fiscal referral. Provide name of vendor, length of time services needed, report card and associated tests.
Summer school	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services- high school only	Provide report card and cost. Investigate with youth's guidance counselor or the regional Educational Specialist whether youth is eligible for a fee waiver prior to making this fiscal referral.
Interdependent Living Class Stipend	Youth in state custody or receiving DCS Voluntary Post-Custody Services.	To provide eligible youth with a stipend for participation in classes and demonstrating mastery of skill. Upon completion of class. Provide proof of attendance
Graduation Package	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Graduating from a secondary educational program only. Referrals can be made for: Senior Pictures, Graduation Announcements/Invitations, "School Spirit" packages, class ring. Provide Proof of Graduation (letter from the school's Guidance Office) and costs.
Good Grades Incentive	Youth in state custody age 14 and up attending elementary, junior or high school.	Provide verification of the most recent Report card.
Year Books	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services	High School and College only.
Membership/activity fees for extracurricular or leadership activities	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services	High School and College only. Verify that the activity is related to an educational program.
Senior Event Related Transportation	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services	Graduating from a secondary educational program only. Provide Proof of Graduation and document cost.

Honor/Senior Class Trip (school related activity)	Youth in state custody or receiving DCS Voluntary Post-Custody Services-in high school or college.	Provide details of activity with associated cost. Provide report card/progress report. One time only.
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Housing

Name	Eligibility	Verification Required with Referral
Housing Application/Fees for Post Custody	Young Adults Receiving DCS Voluntary Post – Custody Services and applying to college/training programs.	Provide documentation of program, cost, and admission status.

Job Training

Name	Eligibility	Verification Required with Referral
Materials/Uniforms for Vocational Studies.	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of needed services and associated cost. Provide verification of program enrollment.
Completion of job readiness training	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of job readiness training completion. One Time Only.
Job start-up costs	Youth in state custody or young adults receiving DCS Voluntary Post-Custody Services.	Provide verification of needed services and associated cost.

Transportation

Name	Eligibility	Verification Required with Referral
Driver's Education Class Fees	Youth in state custody or young adults receiving DCS Voluntary Post-Custody services.	Seek services through high school programs prior to submitting the referral. Provide verification of needed service and associated cost. One time only.
Driver's Testing Fees	Youth in state custody or young adults receiving DCS Voluntary Post-Custody services.	Provide documentation of test center & fee.

Car insurance	Young Adults Receiving DCS Voluntary Post – Custody Services.	Provide proof of ownership(title) and/or registration (must be in the young adult's name), quote with name of insurance company. Insurance must be in young adult's name. Lifetime Limit.
Transportation Grant	Young Adults Receiving DCS Voluntary Post – Custody Services and commuting to school and /or work.	Youth are not eligible if residing on college campus. If youth owns a vehicle, must provide proof of ownership/ car insurance. If youth car-pools, must provide proof of car insurance on the vehicle the youth will be transported in. If youth is utilizing van transportation services, request the amount of that service for the month not to exceed \$60.00/mo. If bus pass, then request the amount of the monthly bus pass.

Special with Interdependent Living Director's (Or Designee's) Specific Approval

Name	Eligibility	Verification Required with Referral
Car Repairs	Young Adults receiving DCS Voluntary Post-Custody Services.	Provide proof of ownership (title) and/or registration (must be in the young adult's name), and proof of car insurance. Estimates from 3 vendors required-if quotes require no additional cost.
Housing Related Fees	Young Adults receiving DCS Voluntary Post-Custody Services. Fees may include initial housing start-up costs such as deposits (phone, utilities, rental). Housing deposits are to be disbursed One Time Only. Fees may also include the initial rental payment to secure housing until other financial supports, such as the Interdependent Living Direct Payment Allowance, are established. Emergency rental payments may also be authorized.	For deposits: Provide verification of needed service and associated cost. For rent-related expenditures: Provide verification of rental amount if the young adult is renting from a vendor (apartment complex, etc.) If a payment is being provided to assist the young adult with general room and board expenses, provide verification of financial need. In such circumstances, it is acceptable to utilize the rates outlined in policy 16.56 (Interdependent Living Direct Payment Allowance, Section B) as a guideline. A budget is required in all cases to verify that financial need was considered.

Tools/Equipment (Technical/Vocational Programs)	Young Adults receiving DCS Voluntary Post-Custody Services and attending a technical school program.	For the cost of tools/equipment not covered by financial aid, ETV or the State Funded Scholarship. Provide documentation of program, cost, and admission. Estimates from 3 vendors required-if quotes require no additional cost.
Other special needs- unique to youth services	Young adults receiving DCS Voluntary Posy Custody Services.	Needed to help prepare youth for self-sufficiency and meet a well-being related goal
Child Care Assistance	Young adults receiving DCS Voluntary Posy Custody Services and attending an educational program.	Please assist the young adult with applying for services via DHS prior to submitting a fiscal referral. To provide childcare assistance in order to help the parent maintain self-sufficiency and stability, progress in the applicable educational program and to prevent the child from entering state custody. Please include whether services from DHS are pending or were denied.
Youth Leadership Stipend	Youth in state custody or Young Adults receiving DCS Voluntary Post Custody Services and participating in Academy to Become Leaders of Youth Councils , or participating in Youth Leadership activities.	Verify successful completion of the Leadership Academy or related activity.

B. Wraparound Services Available to youth Ages 15-21 who exited custody through either Subsidized Guardianship or Adoption

Educational

Name	Eligibility	Verification Required with Referral
Testing fees (SAT, ACT, GED)	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Provide documentation of test center and fee.
Post Secondary Application	For post-secondary school/training programs. Provide documentation of program, cost and enrollment.	

Educational (continued)

Graduation Package	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	Graduating from a Secondary educational program only. Referrals can be made for: Senior Pictures, Graduation announcements/Invitations. “ School Spirit” packages, class ring. Provide Proof of Graduation (letter from the school’s guidance office) & cost.
Yearbooks	Youth in state custody or Young Adults receiving DCS Voluntary Post-Custody Services.	High School or College only.

APPENDIX O

Report of Results of Zero Contact Targeted Review

Report of Results of Zero Contact Targeted Review

TAC Monitoring Staff conducted this review in March 2010 to address the fact that the aggregate data report that DCS produces to track face-to-face contacts between case managers and children does not provide information on the extent to which some individual children may be going for months without any face-to-face visits. Even if in any given month 99% of the children were receiving at least one face-to-face visit according to the monthly reports, if it is the same children making up that 1% each month who are going without a visit, the aggregate reporting would be masking a significant problem.

In order to try to provide some information related to this concern, TAC Monitoring Staff reviewed two different reports that are designed to identify children that are not receiving any case manager visits: the “Zero Contacts One Year Summary Report” (hereinafter “One Year Summary Report”) and the “Two Month Consecutive Zero Face-to-Face Report” (hereinafter “Two Month Report”).

Findings Related to One Year Summary Report

This report includes both class members and non-class members and also includes both DCS case managed cases and private provider case managed cases. However, it only records and reports DCS case manager visits, not private provider case manager visits.

The report is one that the TAC Monitoring Staff had used for a spot check in 2007. For purposes of this recent review, TAC Monitoring Staff used the One Year Summary Report for the most recent 12 month period for which that report was run: October 2008 through September 2009.

There were 295 class members during that period who, according to the report, experienced at least one month without a face-to-face visit from their DCS case manager. Of those 295 children, 39 were reported as having experienced more than one month without a face-to-face visit from their DCS case manager.

Of those 39 children, 21 were reported to have gone without a face-to-face visit for a period of two consecutive months (including two who were actually reported to have gone three consecutive months without a face-to-face visit.)

TAC Monitoring Staff reviewed those 21 cases to determine whether those cases were DCS case managed cases or private provider case managed cases and, in either case, whether there was documentation of visits by either the DCS case manager or the private provider case manager.

Eleven of those 21 children reported as having no face-to-face visits for two consecutive months actually had documentation in case recordings of face-to-face visits that had occurred during that time.¹ Ten of those eleven cases were private provider case managed cases and there was documentation in all those cases of visits by the private provider case manager (although not necessarily meeting the two contacts a month requirement in all cases.) In addition, in four of those private provider cases, there were case recordings reflecting face-to-face contact by the DCS case manager as well.² In the one of those eleven cases that was a DCS case managed case, the child was on a trial home visit (THV) and there were no contacts for the first month and two contacts for the second month (the contacts for the second month were entered after the zero contact report was produced.)

Two of the 21 children who were reported as having gone for two consecutive months without a visit were actually on runaway according to the case recordings and therefore should not have been included in the report. The placement screen did not reflect that they were on runaway and as a result the report included them in the group of children requiring a visit.

There were eight children among the group of 21 for whom TAC Monitoring Staff did not find documentation of visits and for whom there did not appear to be a permissible reason for a two month gap in visits. However, five of those children were adopted and their records were sealed. Of the three for whom TAC Monitoring Staff did have access to their TNKids file, two were on THV during that time and there was neither reference to visits in case recordings nor any apparent reasons in the case notes for a failure to visit.³ The third child was in an expedited home placement and there was neither reference to visits in the case recordings nor any apparent reasons for a failure to visit.

The Department has stopped producing the “One Year Summary”, and is now relying instead on the “Two-Month Report” to identify, track and respond to situations in which children are going without case manager visits for extended periods of time.

Findings Related to “Two-Month Consecutive Zero Face-to-face Report”

This report, as the name of the report suggests, captures children who did not have a face-to-face visit for two consecutive months. This report includes both class members and non class-members and both DCS and private provider case managed cases, but unlike the “One Year Summary” report, it captures visits by both DCS and private provider case managers.

¹ In some situations involving siblings, the FSW entered the face-to-face contact under the name of one sibling, but when TAC Monitoring Staff read the case recordings it was clear that the siblings listed as having no contact were present as well.

² Under the Settlement Agreement, in a private provider case managed case, DCS case managers are required to have a face-to-face visit with a child at least one a month.

³ The names of those children were forwarded to the Department for review.

The report is run monthly with a two month look back. The first report was for the two-month period from December 1, 2008 to January 31, 2009 and the most recent report was for the period January 1, 2010 to February 28, 2010.

This new report does not have the 12 month look back of the “One Year Summary.” TAC Monitoring Staff therefore reviewed each of the two month reports for the period from December 2008 through February 2010 to identify all the *Brian A.* class members who during that period had been reported as not having a visit from a case manager of any kind (DCS or private provider) for at least two consecutive months.

During that period of a little over a year, there were 98 *Brian A.* class members who, according to these reports, did not have a face-to-face contact from a case manager for at least two consecutive months.⁴ Of those 98 children, 13 were reported as having had zero contacts for three or more consecutive months and five as having had four months of zero contact but not consecutively.

TAC Monitoring Staff reviewed the 13 children who reported as having had zero contact for three or more consecutive months. In one of those 13 cases, there was no documentation in the file of any face-to-face visits occurring between November 24, 2009 and February 5, 2010 and there were no extenuating circumstances or explanations for the lack of face-to-face visits.

Of the remaining twelve cases reviewed, seven were erroneously included in the report: five because the children actually were not in the custody of the Department during the applicable time period; a sixth, because the child was on runaway during the time (but was erroneously listed as being “placed” at the DCS Upper Cumberland Office); and the seventh, because there was documentation in the case recordings that the FSW had face-to-face contact with the child (the FSW entered the face-to-face contact under the name of a sibling and neglected to also include the entry under the name of the child). In another of those thirteen cases, the child was recently adopted and that child’s TNKids file has been sealed.

The remaining four cases appear to have some extenuating circumstances that account for lack of face-to-face contact:⁵

- In one case, the child had been in the Department’s legal custody for seven years but it was not until March of 2009 that the Department realized that it had legal custody. Physical custody had been granted to the father, and the child had gone to live with her father in Alabama in 2002. She subsequently went to live in

⁴ This number (98) is more than four times higher than the 21 children identified as having had zero contacts for two consecutive months in the One Year Summary report for a somewhat shorter, but largely comparable period. For two reasons, this significant difference is not unexpected. First, the Two Month Report includes all children who have been in care during the month, while the One Year Summary includes only children who have been in custody for more than 15 days during a given month. Second, the One Year Summary report benefits from eleven months of data cleaning that the regions do in response to the monthly “zero contacts” reports that they receive and are required to follow up on.

⁵ The last three names were forwarded to the Department for review.

Florida with an aunt. It took the Department a couple months to find her once they realized in March of 2009 that DCS still had custody. DCS located the child and did a child welfare check to make sure she was safe. The child came to Tennessee and was seen twice in April 2009 and she was released from DCS legal custody on May 29, 2009 after her aunt's home study was approved.

- In a second case, involving a 17 year old, the youth was on frequent runaway during his time in foster care. On October 22, 2009, after returning from a runaway episode and as a short term solution while exploring other placement options, he had been approved for a pass to visit and stay in the home of his girlfriend and her mother for a few days. The FSW ran a background check on the girlfriend's mother, inspected the home, and put a plan in place to make clear the expectation that he would not have sexual contact with his girlfriend during the pass.⁶ On November 3, the FSW made contact again and was told by the girlfriend's mother that the family was moving to a bigger home one street over and the mother gave the FSW the address. The FSW made plans to do a home study once they moved. On December 22, 2009, according to the case notes, the FSW tried to call but the phone had been disconnected, and the FSW indicated she would be seeking assistance from the team leader in trying to find the child. Case recordings from January 13, 2010, indicate that the FSW did not know the new address of the girlfriend's family or how to get in contact with the girlfriend's mother. Other case recordings indicate that the FSW drove around the neighborhood to find the address that the "guardian" gave an incorrect address, but was unable to locate the street. The placement screen indicates that this youth has been in a Level 3 Omni Continuum placement since January 13, 2010 but case recordings indicate that he has not been found.
- In the third case, the case recordings regarding face-to-face contact are confusing and seem contradictory. The child went on a Trial Home Visit on October 14, 2009. According to case recordings by the FSW, the FSW never saw the child after the child returned home. The mother's phone was out of service and she moved. According to the FSW's notes, the FSW made several attempts to visit but they were all unsuccessful. The FSW sent a letter to the mother indicating that if the FSW was unable to visit the child, the Department would need to seek removal. Notwithstanding these clear case notes by the FSW, there are case recordings by a CPS worker in which the CPS worker makes reference to the FSW having had face-to-face contact with the child and a sibling on two occasions. The CPS worker notes also reflect that the CPS worker had a face-to-face visit with the "children". The last reference in the case notes is to a court hearing that occurred on January 12, 2010 at which the mother appeared and explained that she had left the children in the care of their grandmother. (The children were not present at court). According to the case notes, DCS requested that the case be non-suited and the children were released to the custody of their mother at that time with no further effort to visit the children.

⁶ The placement is incorrectly labeled as in-home on the placement screen.

- In the fourth case, it is unclear whether the child (age 14) is in the Department's custody. The case recording for November 30, 2009 documents the closing of the case, and indicates that the probation officer told the mother if she had any troubles with him that he could be admitted on the JJ side. The mother told the probation officer that the child was going to live with his father and grandparents in Chicago the day after he returned home to her. A referral was called into CPS after his release alleging that the mother had abandoned the child in detention. According to a CPS case recording on December 7, 2009, the child was contacted on this day and indicated that he was receiving Youth Villages Intercept services. The CPS case recording for December 8, 2009 indicates that a child and family case is open and names his current case manager. The CPS case was closed because the mother ended up taking the child back and not leaving him in detention. There are no contacts after December 7, 2009 and he is still listed in the TNKids Court Intake field as being "in care" as a dependent and neglected child.

TAC Monitoring Staff were informed that the DCS Reporting Group (those who create and distribute reports) provide the CQI coordinator in each region with a report each month of any children from that region showing up on the Two Month Report. The report provided to the region identifies the Team Leader assigned to the case. The CQI coordinator is expected to review those cases with the responsible TLs and take whatever corrective action is appropriate. According to members of the Reporting Group, the problem in the vast majority of those cases has not been that face-to-face visits were not occurring; rather it was that the FSW had failed to record those visits properly in TNKids.

APPENDIX P

Trial Home Visits Lasting Less Than 90 Days by Region

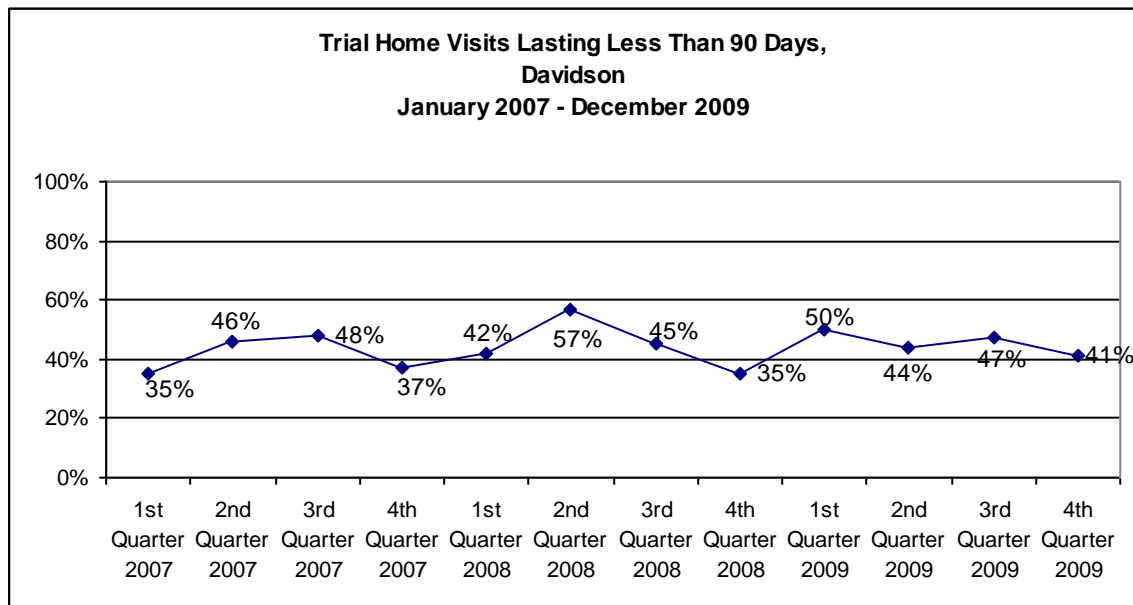
Trial Home Visits Lasting Less Than 90 Days by Region

January 2007 through December 2009

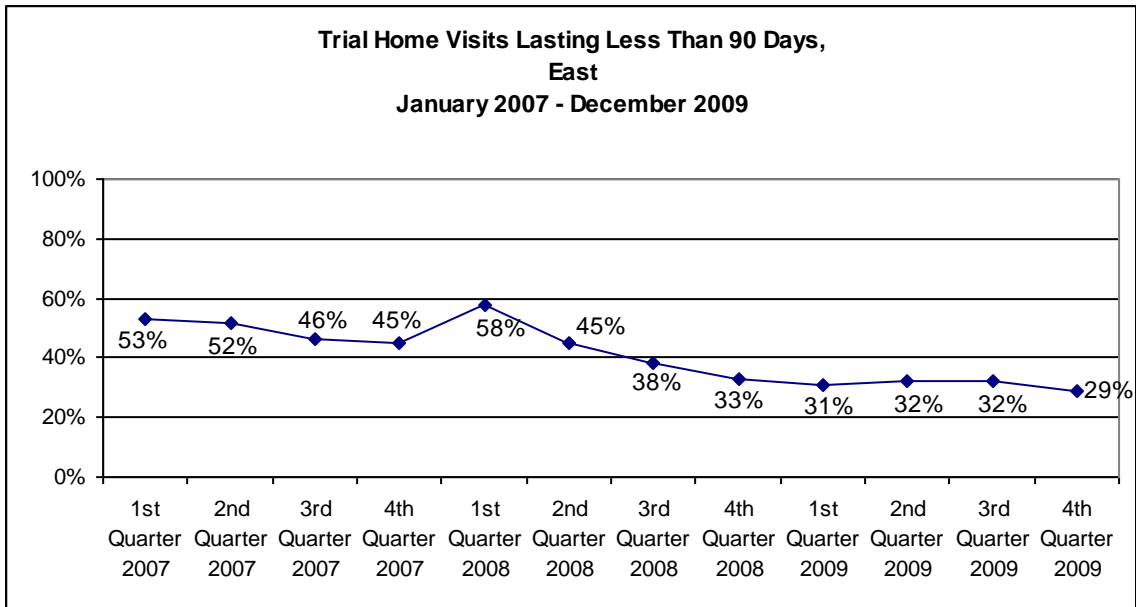
Consistent with the original Settlement Agreement, it has long been the policy of the Department to recommend 90-day trial home visits for all children for whom a decision has been made to return them to the custody of parents or relatives. The policy was revised pursuant to the May 8, 2007 modification of the Settlement Agreement to retain the general rule that the Department request a 90-day trial home visit, but to allow the Department to recommend a shorter THV under certain circumstances:

An exception to this general rule shall be allowed, based on specific findings and the signed certification of the case manager, supervisor and regional administrator for the child, that a shorter trial home visit is appropriate to ensure the specific safety and well-being issues involved in the child's case. Under this exception, a trial home visit may be recommended for less than 90 days but in no case less than 30 days. All cases in which the exception is used shall be forwarded to the Brian A. Monitor/Technical Assistance Committee (TAC) for their review.

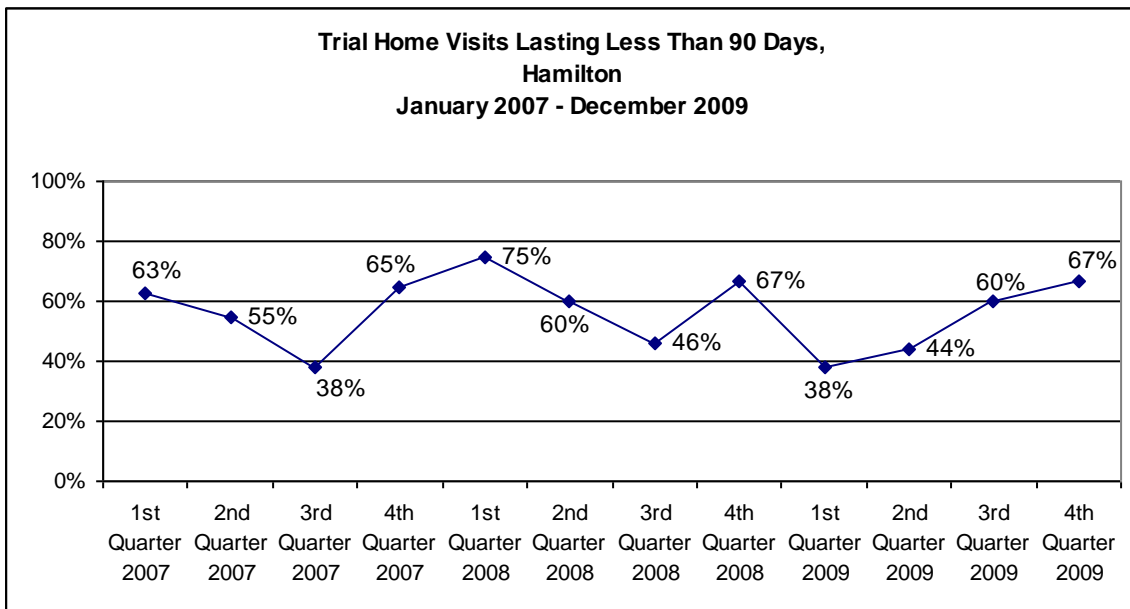
The Department has recognized that while this policy has been in effect since May 2007, regional practice has not been consistent with this policy. The figures below present the regional less than 90 day THV data, from the beginning of 2007 through 2009.



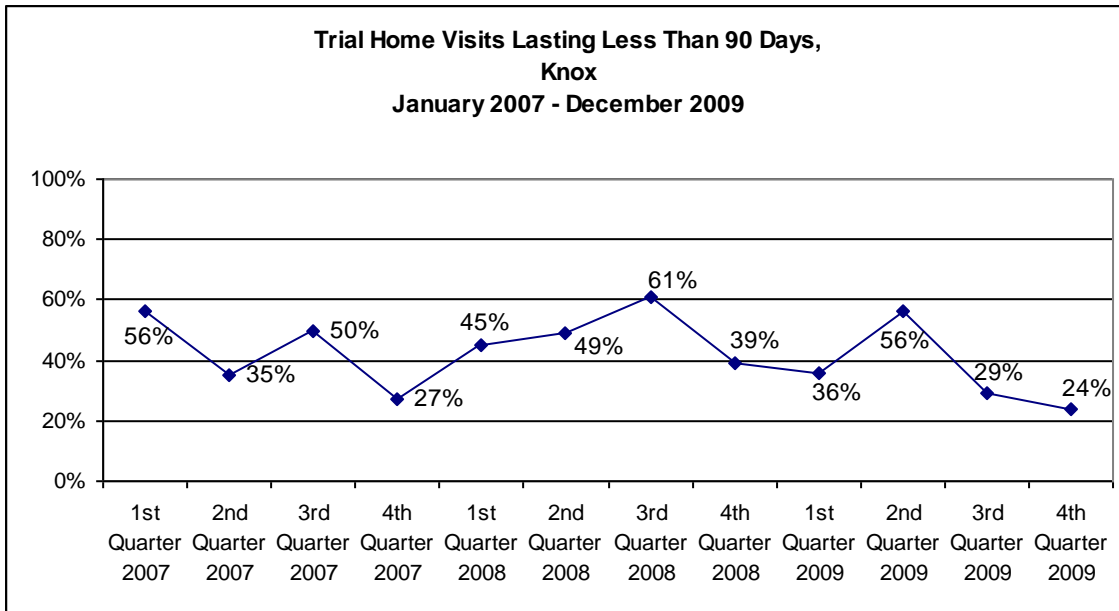
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



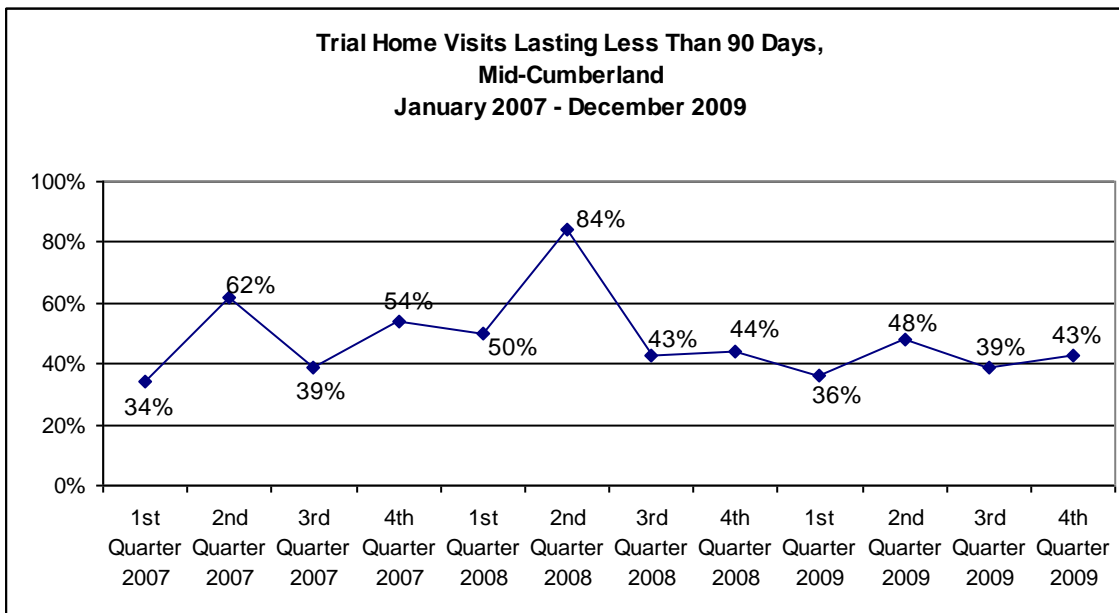
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



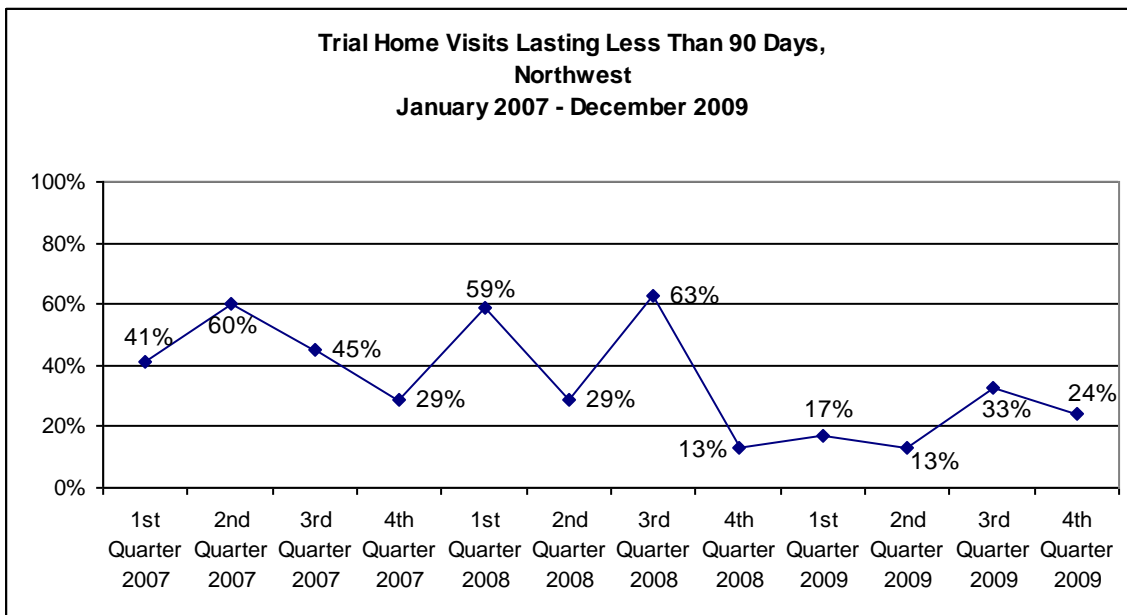
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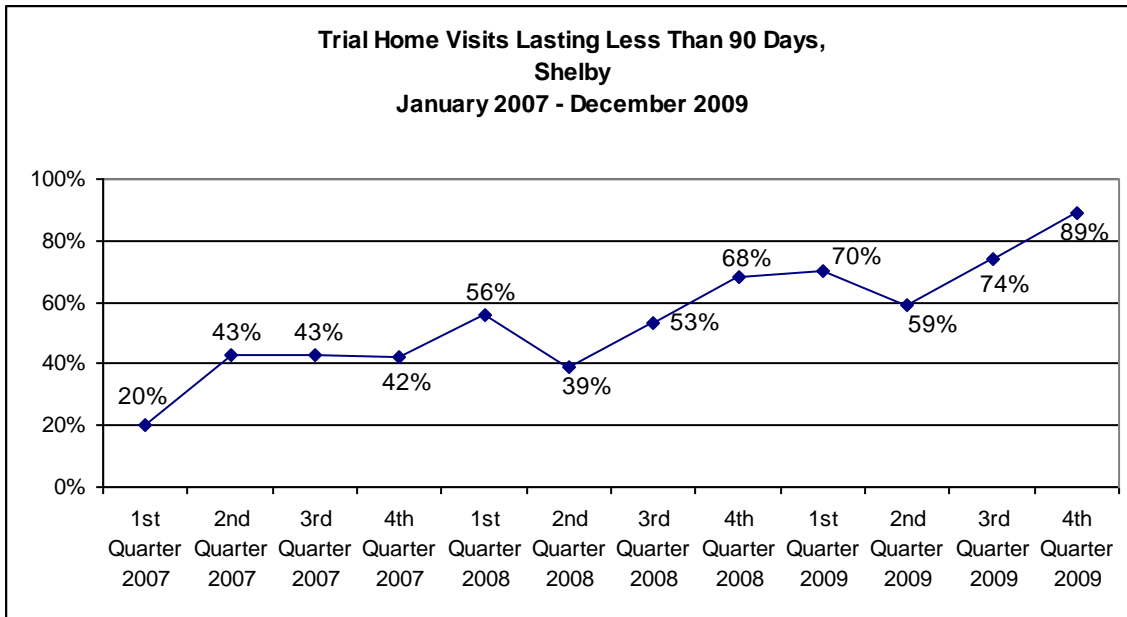
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



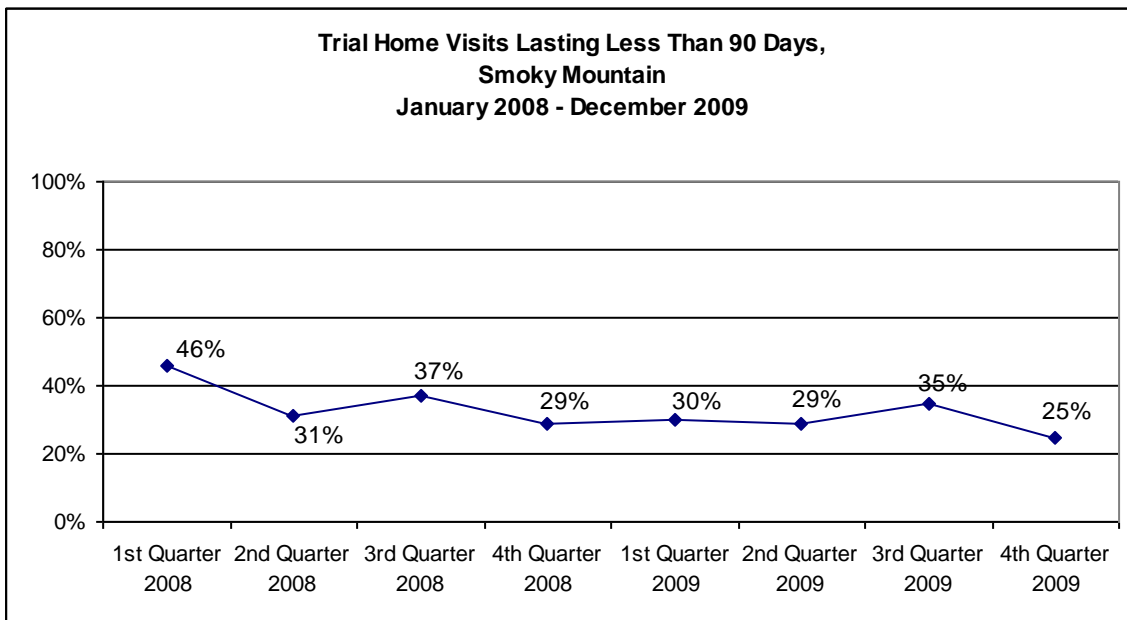
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



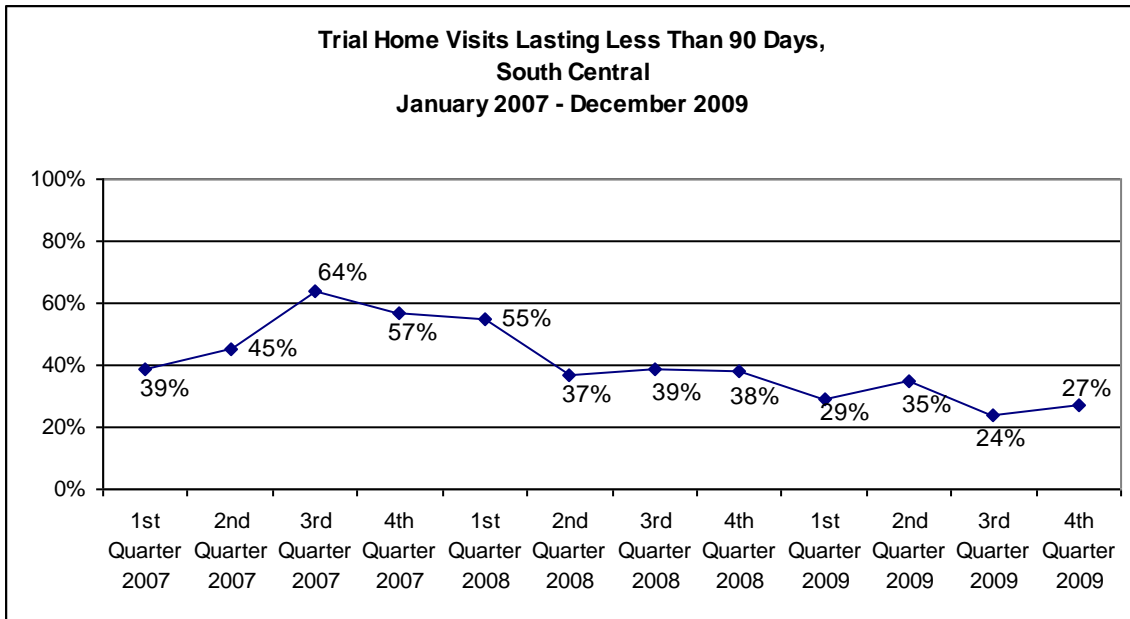
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



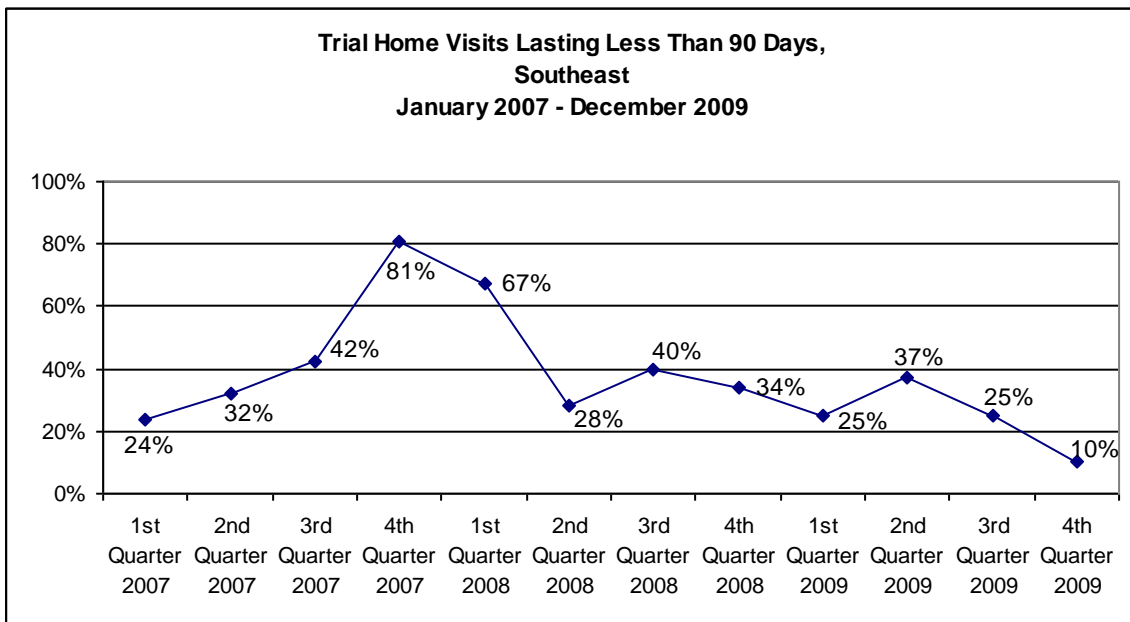
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



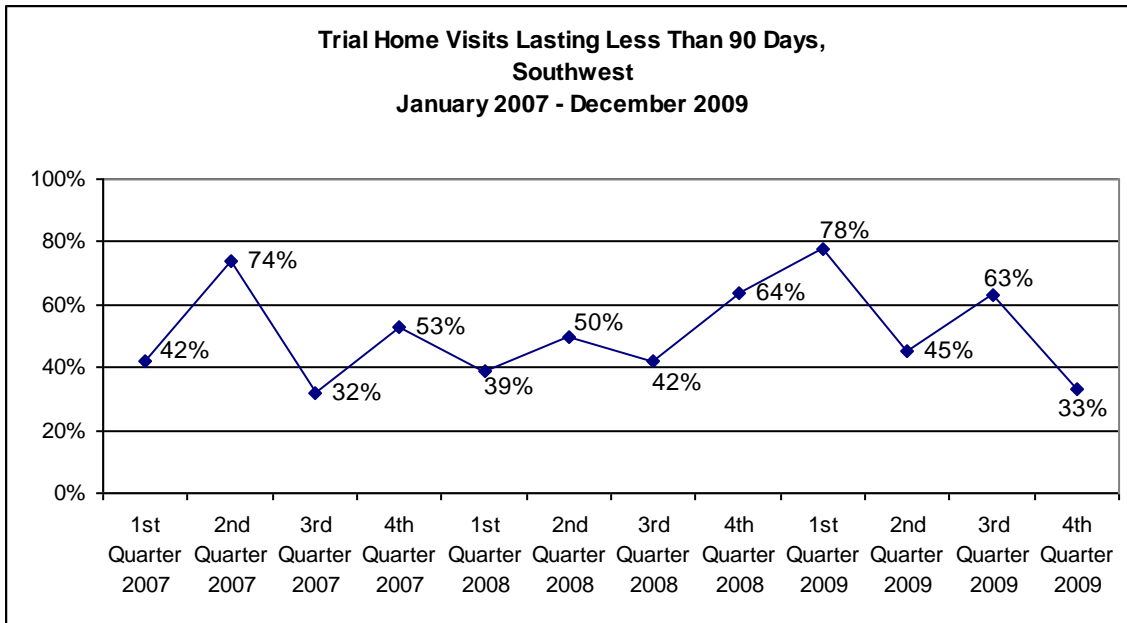
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



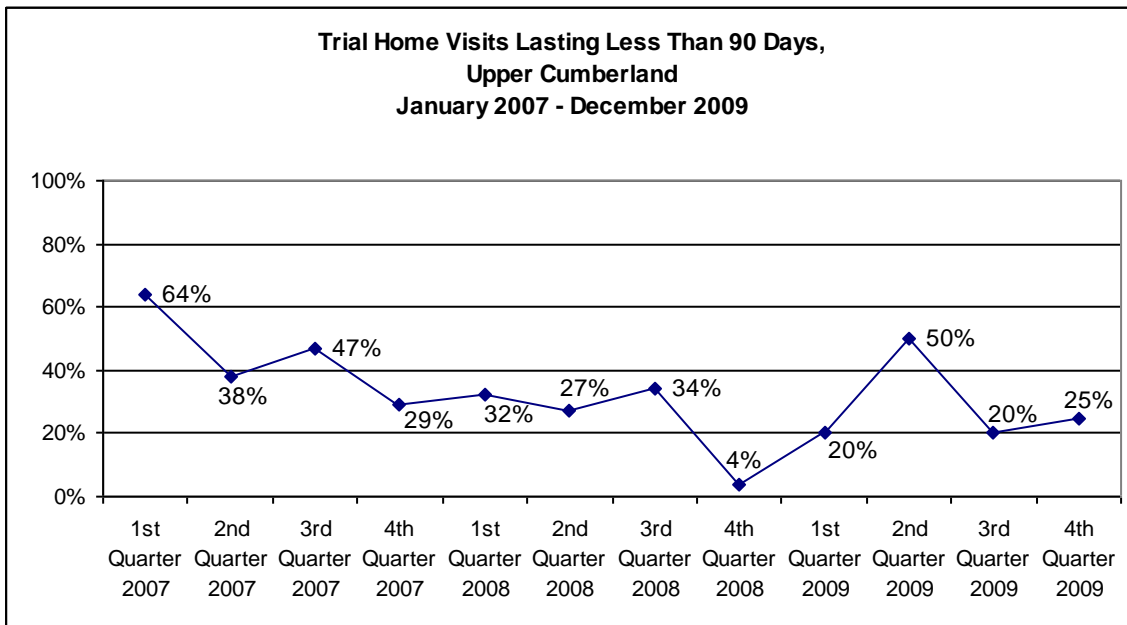
Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.



Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.

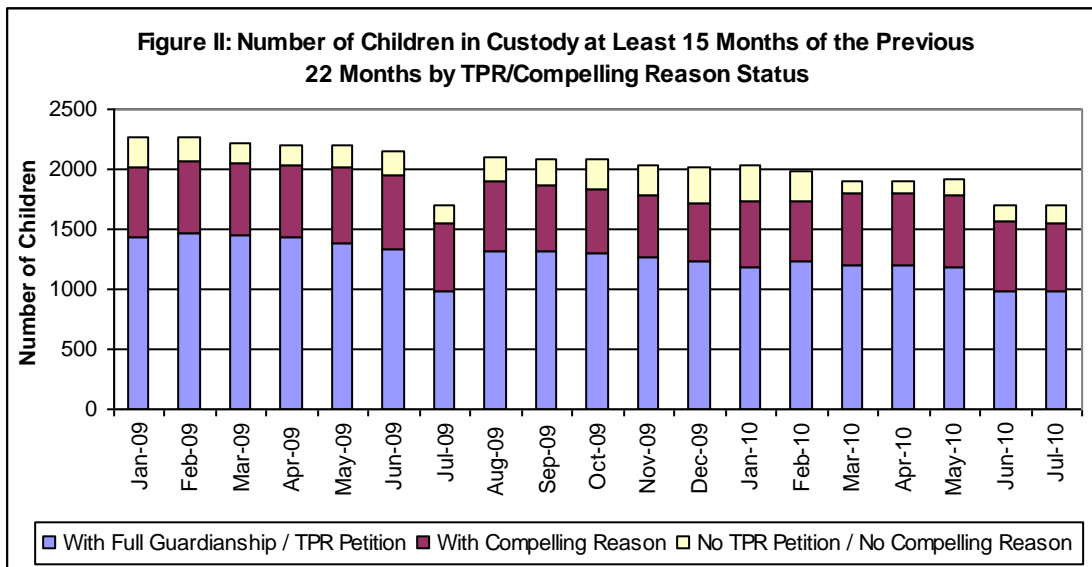
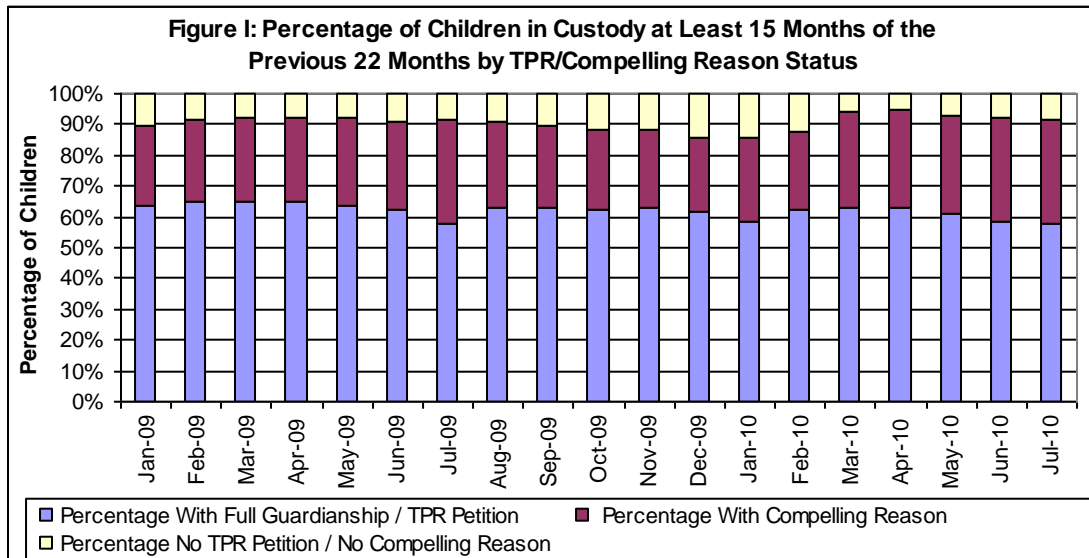


Source: Brian A. 2007, 2008 and 2009 THV Quarterly Reports.

APPENDIX Q

Aggregate Reporting Related to "Compelling Reasons"

The following figures reflect both the percentages (Figure I) and numbers (Figure II) of children in custody for 15 or more of the preceding 22 months for whom TPR has been filed and/or permanent guardianship achieved; for whom TPR has not been filed, but for whom compelling reasons exist for not filing; and for whom TPR has not been filed and no compelling reasons exist for not filing. The figures were compiled from the monthly “15 of 22 Months with TPR Petition” report.



APPENDIX R

Recommendations of the Racial Disparity Study

The following are the 10 recommendations of the Racial Disparity Study set forth on pages 16-17 of the Implementation Plan approved by the Court and organized by the topic areas discussed in Section Eleven E. of the Monitoring Report.

Data Analysis and Reporting

1. Report *Brian A.* outcomes by race on a regular basis effective immediately and will, subject to TAC review and approval, identify and report on relevant performance measures by race, and will monitor and report private provider outcome and performance data by race where appropriate.

Resource Family and Relative Caregiver Recruitment and Support

2. Expand the relative caregiver program (including necessary funding) to all twelve regions

3. Explore options, including applying for a IV-E waiver, and drafting legislation for the Governor's consideration, to create an additional permanency option of subsidized guardianship.

4. Increase the number of non-relative African American foster and adoptive families, kinship foster homes and relative caregivers through targeted recruitment efforts. Regional recruitment plans will identify outreach and recruitment strategies (for example, partnering with African American churches and historically black colleges and universities) and will establish recruitment targets.

5. Explore whether there is an inappropriate use of unfunded/underfunded relative placements for African American children and address any disparities in support for African American caregivers. DCS will revise policies and procedures to correct or reduce such inappropriate use. DCS will give particular focus to the extent to which DCS staff is trained to be knowledgeable about all financial options for potential African American relative and kinship caregivers, including kinship foster care and relative caregiver program options, and the manner and extent to which these options are communicated to African American kinship and relative caregivers.

6. Ensure that children in kinship foster homes are visited with the same frequency as children in non-kinship foster homes.

Workforce Development

7. Develop and implement recruitment and hiring strategies designed to increase diversity of staff at levels of the organization that lack such diversity and to maintain and support diversity at those levels of the organization that reflect such diversity.

8. Develop and deliver cultural competency training throughout the organization and set standards for cultural competency that is expected of staff.

9. Complete a cultural competency planning process that includes the development and delivery of training subject to the review and approval of the TAC to ensure that it is consistent with the overall training design.

Diversion of African American class members to Juvenile Justice System

10. Explore the issue of whether DCS case managers or other staff engage in or support practices which divert dependent and neglected African American children into the juvenile justice system and present a plan subject to TAC review and approval to appropriately address any such practices.